

## FREEDOM OF INFORMATION

Disclosure Log – Quarter 1 (April-June 2019)

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097.19	May	Thornbury Nursing Services
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106.19	May	Cardiac catheter laboratories
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121.19	June	Group B Strep guidelines, patient information materials, and rates of neonatal infection
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133.19	June	Making effective use of collaborative staff banks
134.19	June	Number of paid suspensions
135.19	June	Average time - SHO, Middle Grade, Consultant
136.19	June	current clinical benchmarking supplier
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139.19	June	Catering Service Contract
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161.19	June	FOOD QUALITY
162.19	June	Agency & Bank 2018/19
163.19	June	Outsourced Tele-Radiology Services
164.19	June	NHS pensions
165.19	June	Payments we have made that are over £25,000
166.19	June	New Nicotine Alliance UK
167.19	June	UK Paediatric Allergy Services Survey
168.19	June	Badger Centre

#### **001.19** **MRI Questionnaire**

Please could you fill out the attached Freedom of Information (FOI) request regarding MRI scanning within your radiological departments

**Answer: Please see attached questionnaire. Available upon request**

#### **002.19** **IT Budget**

Breakdown of your total annual IT budget for the financial year of 2018-19.

**Answer:**

**£4,173,988 Revenue IT Budget (Excl Health records)**

**£200,000 IT Capital Budget**

#### **003.19** **Polymer Clips**

As part of the freedom of information act please could you forward the following information in regards to Polymer Clips and Disposable Automatic Clip Appliers?

\* Your current supplier?

**Answer: Applied Medical UK Ltd and Medtronic Ltd**

\* Annual usage in the following years: 2015-2016, 2016-2017, 2017-2018, 2018 year to date

**Answer:**

**18/19 - 168**

**17/18 - 60**

**16/17 - 108**

**15/16 - 67**

\* Annual spend in the following years: 2015-2016, 2016-2017, 2017-2018, 2018 year to date

**Answer:**

**18/19 - £44,774.94**

**17/18 - £21,677.46**

**16/17 - £50,471.76**

**15/16 - £29,613.36**

\* The product codes you are using?

**Answer:**

**CA500**

**176625**

**134031**

**1857931**

**10551170**

\* Current contract details?

**Answer: HTE Framework**

**004.19**

**District Nurses**

In December we received an FOI response from your trust **about the number of full-time district nurses employed by the trust in the following years 2014,2015,2016,2017,2018.**

If your figures include community nurses without the DNSPQ, please provide us with the correct figures counting only those with the specialist qualification.

**Answer:**

**2014- 14**

**2015- 12**

**2016- 13**

**2017- 13**

**2018- 15**

**005.19**

### **Car Park Charges**

Please could you provide me with the following information under the Freedom of Information Act.

How much money did the trust raise from car parking charges in each of the last two financial years - 2017/18 and 2018/19? Include a breakdown of staff and visitor/patient parking if possible.

**Answer:**

**2017/18 £1,341,292. (£408,268k – staff and £933,024 –visitors).**

**2018/19 £1,514,675 (£428,442 – staff) and £1,086,233 – visitors).**

How much money was raised from parking fines in each of the last two financial years - 2017/18 and 2018/19? Include a breakdown of staff and visitor/patient fines if possible.

**Answer: Fines are not broken down by Staff/visitors.**

**2017/18 £1980.00**

**2018/19 £0.00**

Have you increased the cost of parking in your car parks during the last financial year - between 2017/18 and 2018/19? Please give a breakdown of how much parking has increased by.

**Answer: No**

Do you charge for disabled parking?

**Answer: Yes**

Is your car park managed by a private firm? If so, what proportion of revenue created by a) parking income and b) parking fines does the firm take?

**Answer: Yes – all revenue goes back to the trust – they get paid flat fee of £60k per annum**

**006.19**  
**Parkinsons**

I am getting in touch with the below freedom of information request around medication management for people with Parkinson's in your hospital. I look forward to receiving the responses to the below questions.

Training and staff awareness

Q1. What training is provided/sourced by the Trust to raise awareness among staff (in particular ward based staff) about the needs of inpatients with Parkinson's, particularly around timing of medication for these patients?

**Answer: Annually, we talk about Parkinsons in the Grand Round and Elderly care departmental teaching**

Q2. How many a) staff overall and b) ward based staff have undertaken such training during 2017/2018 and 2018/2019 to date?

**Answer: This information is not recorded**

Alert system

Q1. Does the Trust have any kind of electronic (or other) alert system in place to flag to the Parkinson's service when a person with the condition is admitted to hospital in a) a planned way and b) as an emergency?

**Answer: No**

Q2. If the Trust does not have an alert system, how are the Parkinson's specialist service notified and subsequently involved in the care of a person admitted with Parkinson's (whether or not Parkinson's is the reason for admission.)

**Answer: Families of the patient notify either the PDNS or the secretary**

Self-administration of medication policies

Q1. Does the Trust have a self-administration of medication policy? If a policy does not currently exist, are there any current plans to implement one?

**Answer: Yes the trust has a policy**

Q3. If a self-administration policy is not implemented, why is this the case?

**Answer: N/A**

Q2. If a self-administration policy is in place what systems and protocols are in place to a) ensure full and effective implementation and b) monitor its implementation?

**Answer:**

- a) **There is a training package and Assessment of Competence for Self-administration of medicines by patients for nursing staff (this is an Appendix in the policy). At present the Trust is rolling out self-administration in Maternity. Once this has been completed, this will be reviewed using an audit tool which is embedded in the policy. Further roll-out will take place in a staged manner to ensure that nursing staff have completed the necessary training to undertake assessment of patient who may self-administer.**
- b) **As mentioned above, satisfactory use of the Self-administration policy will be monitored using the audit tool in the policy.**

Carers

Q1. Does the Trust have a policy that allows carers to visit the person with Parkinson's they care for outside of visiting hours?

**Answer: Ward 1 has an open visiting policy at the moment.**

Q2. What training do ward staff receive to ensure they fully understand how a carer can support an inpatient with things such as mobilising and their medication regime etc?

**Answer: None**

Q3. What systems and protocols are in place for ward staff to work with carers supporting the person with Parkinson's in hospital to ensure flexibility when the need arises?

**Answer: None**

Practical resources

Q1. Is the Trust aware of the practical resources available from Parkinson's UK to support Parkinson's patients getting their medication on time (e.g. laminate bedside clocks, washbags) and how to access these resources?

**Answer: Yes**

Q2. Does the Trust make use of these practical resources?

**Answer: Yes**

Patient safety incidents



Q1. Are incidents of a) missed Parkinson's medication doses and b) delays to the administration of doses of Parkinson's medication reported as patient safety incidents through local reporting arrangements?

**Answer: Yes**

Q2. a) How many Parkinson's patient safety incidents relating to medication were recorded in your Trust in the last reporting period?

**Answer: 6**

Q3. How many complaints has the Trust received about missed or delayed administration of Parkinson's medication in a) 2017/2018 and b) 2018/2019 to date?

**Answer: 2017/18 = 3 2018/19 = 2**

**007.19**

**Acute myocardial infraction (AMI)**

I am requesting information on following questions related to acute myocardial infraction (AMI) under the Freedom of Information Act 2000.

1. Do the hospitals within your Trust use High Sensitivity Troponin Assay to diagnose patients who present with suspected acute myocardial infarction (AMI)?

**Answer: Yes**

2. If yes, in which year was the High Sensitivity Troponin Assay introduced for this purpose?

**Answer: Roche analysers first installed in 2009**

3. What assay is it (please specify manufacturer) and what threshold is used for a positive test?

**Answer: Manufacturer/assay =  
Roche - Cobas Elecsys Troponin T hs  
14 ng/L is the cut off provided by the laboratory. The Trust also uses an  
algorithm produced by the cardiologists**

4. Is it used for rapid rule-out of AMI to avoid hospital admission?

**Answer: Yes**

5. Please send a copy of any guidelines or protocol used by your Trust for the diagnosis of AMI by email.

**Answer: The trust follows the NICE guidance**

**008.19**

**Clinical service incidents caused by estates and infrastructure failure**

I write under the terms of the Freedom of Information Act to request the following information.

Please provide details of clinical service incidents caused by estates and infrastructure failure at your hospital trust in 2018/19.

A "clinical service incident" is defined as follows: *Number of incidents caused by estates and infrastructure failure which caused clinical services to be delayed, cancelled or otherwise interfered with owing to problems or failures related to the estates and infrastructure failure. Exclude failures relating to non-estates causes e.g. nursing availability, but include where external incidents which estates and infrastructures should have mitigated e.g. utility power failures where the Trusts backup power system failed to offset. An incident is considered to be a delay of at least 30 minutes to clinical services affecting at least 5 patients or equivalent. Both inpatient and outpatient service incidents should be included.*

*Such incidents will include, but are not limited to: • Power and/or heating failures including overheating • Fires and false alarms (where caused by equipment faults or malfunction, deliberate/malicious causes should be excluded) • Water and/or sewage supply • Food production and/or delivery • Pest control*

For each incident, please provide a summary of the incident and the impact on services. Please provide details of the problem and in what way clinical services were affected, including the number of patients affected, the service and how long the service was delayed/if it was cancelled.

**Answer: We have no incidents recorded**

**009.19**

**'UK.Customercare@kcc.com'**

Dear Sirs,

Please see below brief survey and covering letter outlining a request from the European Tissue Symposium for information on hand drying in hospitals under the Freedom of Information Act.

**Answer: Please see attached. Survey available upon request**

**010.19**  
**Pest Control**

To whom it may concern

I write under the terms of the Freedom of Information Act, to request the following information:

- 1) The total amount of times pest control were called out to a hospital under the care of your trust in a) 2017/18 and b) 2018/19

**Answer: Please see below**

- 2) The type of pest which caused the call out, and the section/area in the hospital that was affected in 2017/2018 and b) 2018/19

**Answer: Please see below**

- 3) The total amount of money spent on pest control call outs in a) 2017/18 and b) 2018/19

**Answer:**

	<b>2017/18</b>	<b>2018/19</b>
<b>Number of Call Outs</b>	<b>17</b>	<b>35</b>
<b>Types of Pest</b>	<b>88.2% Rodent 11.8% Insect</b>	<b>84.5% Rodent 15.5% Insect</b>
<b>Area of Hospital Affected</b>	<b>44% External 56% Internal</b>	<b>50% External 50% Internal</b>
<b>Total Money Spent on Call Outs</b>	<b>£12797</b>	<b>£16090.73</b>

## 011.19

### Dialysis services in the Trust

would like to make the following Freedom of Information (FOI) request. Please find attached an excel document outlining my questions and an embedded table with the questions for **each location**.

**Please fill out for each location that provides dialysis services in your trust.** Please add columns as appropriate.

If there is not enough time to fill out all the information, I do not need to to discuss or be notified of this - please prioritise the following questions: 1, 4, 5, 6, 7,10, 11, 132, 13, 14,15, 16, 17, 18, 19, completing as much as you can in the allotted time.

**Answer: Walsall Health Care Trust does not offer dialysis services. All patients are referred to New Cross Hospital, Wolverhampton**

## 012.19

### Outpatient hysteroscopy/biopsy

Under the Freedom of Information Act please may I have answers to the following questions. This request is to audit implementation of the RCOG/BSGE statement about choice and pain-relief in hysteroscopy.

1. a) Have your hysteroscopists read the following statement issued by the RCOG in December 2018 – **Answer: Yes**

b) Have your hysteroscopy managers read the following statement – **Answer: Yes**

<https://www.rcog.org.uk/en/guidelines-re...>

The British Society for Gynaecological Endoscopy published this statement in December 2018:

"Diagnostic hysteroscopy is a commonly performed investigation; it is safe and of short duration. Most women are able to have the procedure in an outpatient setting, with or without local anaesthesia, and find it convenient and acceptable. However, it is important that women are offered, from the outset, the choice of having the procedure performed as a day case procedure under general or regional anaesthetic. Some centres are also able to offer a conscious sedation service in a safe and monitored environment. It is important that the procedure is stopped if a woman finds the outpatient experience too painful for it to be continued. This may be at the request of the patient or nursing staff in attendance, or at the discretion of the clinician performing the investigation."

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2. Please are ALL your hysteroscopy patients from the outset routinely offered the choice of having hysteroscopy as a day case procedure a) under GA – **Answer: Yes** b) under regional anaesthetic – **Answer: Yes** c) with IV sedation? **Answer: No**

3. Do your hysteroscopy consent forms contain tick-boxes to enable a patient to choose a) GA – **Answer: Yes** b) regional anaesthesia – **Answer: Yes** c) IV sedation – **Answer: No**
4. Have all your outpatient hysteroscopy teams received written instruction to monitor the patient throughout the procedure, to ask if she is experiencing pain, and to stop if the patient asks or is showing signs of severe pain or distress – **Answer: Yes**
5. Do all your hysteroscopy clinics routinely record ALL patients' VAS pain-scores a) as hysteroscope passes through the cervix **Answer: No**, b) at biopsy – **Answer: No**
6. Does your hysteroscopy department send all its patients the RCOG's Patient Information Leaflet, published on its website <https://www.rcog.org.uk/en/patients/pati...> **Answer: No**
7. Does your hysteroscopy department intend to start using the RCOG leaflet – **Answer: No**  
If so, in which month/year?
8. If your hysteroscopy department uses its own Patient Information Leaflet, please may I have a link to it? **Answer: Yes. Attached.**
9. Does the leaflet include ALL the key points listed (below) by the RCOG – **Answer: Yes**

#### Key points

- Outpatient hysteroscopy (OPH) is a procedure carried out in the outpatient clinic that involves examination of the inside of your uterus (womb) with a thin telescope.
- There are many reasons why you may be referred for OPH, such as to investigate and/or treat abnormal bleeding, to remove a polyp seen on a scan or to remove a coil with missing threads.
- The actual procedure usually takes 10–15 minutes. It can take longer if you are having any additional procedures.
- You may feel pain or discomfort during OPH. It is recommended that you take pain relief 1–2 hours before the appointment.
- If it is too painful, it is important to let your healthcare professional know as the procedure can be stopped at any time.
- You may choose to have the hysteroscopy under general anaesthetic. This will be done in an operating theatre, usually as a daycase procedure.
- Possible risks with hysteroscopy include pain, feeling faint or sick, bleeding, infection and rarely uterine perforation (damage to the wall of the uterus). The risk of uterine perforation is lower during OPH than during hysteroscopy under general anaesthesia

#### 013.19

#### IT Vendors and applications

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

I would like the information to be provided to me as electronic copies. Please provide responses in the tables below.

**Answer:**

<b>Which vendors and applications do you use to provide the following functionality for users?</b>	<b>Name of the vendor</b>	<b>Name of the application</b>	<b>comments</b>
<b>Patient administration</b>	<b>DXC</b>	<b>Lorenzo (PAS)</b>	
<b>Order communications and results reporting</b>	<b>Sunquest Information System Ltd</b>	<b>Sunquest ICE</b>	
<b>Electronic prescribing</b>	<b>EMIS</b>	<b>Pharmacy Ascribe</b>	
<b>Maternity</b>	<b>Clevermed Limited</b>	<b>Badgernet</b>	<b>Also use PAS ( outpatient and inpatient)</b>
<b>Emergency Department</b>	<b>DXC</b> <b>Orion Systems New Zealand Ltd</b>	<b>Lorenzo</b> <b>Fusion</b>	
<b>Intensive Care Unit</b>	<b>Mela</b>	<b>Medicus</b>	<b>Also use PAS (inpatients)</b>
<b>Critical Care</b>	<b>Mela</b>	<b>Medicus</b>	<b>Also use PAS (inpatients)</b>
<b>Radiology Information System</b>	<b>GE Healthcare</b> <b>Healthcare Software Solutions</b>	<b>PACS</b> <b>CRIS</b>	
<b>Theatres and surgery</b>	<b>DXC</b>	<b>Ormis</b>	<b>Also use PAS</b>
<b>Pharmacy and inventory management</b>	<b>Ascribe</b>	<b>Pharmacy Ascribe</b>	
<b>Document Management</b>			<b>Don't have a document management system</b>
<b>Clinical documentation</b>	<b>Nuance</b>	<b>Digital Dictation(Escrip</b>	<b>Escription for letters</b>

Which vendors and applications do you use to provide the following functionality for users?	Name of the vendor	Name of the application	comments
	Orion Systems New Zealand Ltd	fusion)	Fusion for beds etc.
Cardiac			N/A
Cancer	NHS Somerset Health Informatics Service  CIS	Somerset  Chemocare	Also use PAS (outpatients and inpatients)
Dentistry	Dolphin Imaging	Dolphin	Also use PAS (outpatients)

For each of the following relevant applications - when did the licence begin, what is the duration of the licence and what are the terms of any extension?	Start date of licence	Licence term (yrs)	Extension terms
Patient administration	01/11/20	5 Years	
Order communications and results reporting	30/10/19	1 Year	
Electronic prescribing - Ascibe	TBC	1 Year	
Maternity - Badgernet	01/04/19	7 Years	
Emergency Department - Lorenzo	01/11/20	5 Years	
Intensive Care Unit - Medicus	Out of Support		
Critical Care - Medicus	Out of Support		
Radiology Information System - PACS	30/06/19	1 Year	
Theatres and surgery - ORMIS	30/06/20	3 Years	

<b>For each of the following relevant applications - when did the licence begin, what is the duration of the licence and what are the terms of any extension?</b>	<b>Start date of licence</b>	<b>Licence term (yrs)</b>	<b>Extension terms</b>
<b>Pharmacy and inventory management - Ascribe</b>	<b>Out of Support</b>		
<b>Document Management</b>	<b>N/A</b>		
<b>Clinical documentation - Nuance</b>	<b>19/12/2018</b>	<b>5 Years</b>	
<b>Cardiac</b>	<b>N/A</b>		
<b>Cancer - Somerset</b>	<b>30/03/21</b>	<b>3 Years</b>	
<b>Dentistry - Dolphin</b>	<b>23/05/19</b>	<b>1 Year</b>	

#### **014.19 Brexit**

To whom it may concern,

#### **FREEDOM OF INFORMATION ACT 2000 REQUEST:**

I am writing to make an open government request for information to which I am entitled under the Freedom of Information Act 2000.

It has been reported that all NHS Trusts have compiled information about the impact on the supply of goods and services and on EU staff numbers collected by NHS Trusts, in preparation for a no-deal Brexit as well as self-assessments of the impact of the UK's withdrawal from the European Union.

I would therefore like to request:

1. The full report of a no-deal Brexit impact assessment
2. Other self-assessments on the impact of Brexit;

I would like to request that the above information be provided to me as both paper and electronic copies.

In addition, if the release of any of this information is in your view prohibited on the grounds of breach of confidence, please supply me with copies of the confidentiality agreement or "gagging order" placed. I hope the NHS Trust and the Government will also consider, whilst dealing with this request, what conclusion the British people should draw about its findings if it fails to publish the list of sectors, scope of the analysis and the reports so far completed.

I understand that you are required to respond to my request within the 20 working days after you receive this letter. I would be grateful if you could confirm in writing that you have received this request.



**Answer: Please see attached. The Trust continues to meet weekly and submit the required daily situation reports. Available upon request.**

#### **015.18**

##### **Data On Patient Safety Alert Compliance**

In the latest report on 'Data On Patient Safety Alert Compliance' published by NHS Improvement in March 2019, we note that several NHS Trusts have not signalled that they are fully compliant with one or more Patient Safety Alerts by the completion deadline.

The provision of safe care is a top priority for 'Action Against Medical Accidents' (AVMA) and we wish to remind NHS Trusts of the importance of implementing patient safety alerts in a timely manner.

In the latest compliance report your Trust has not signalled completion of guidance concerning the following Patient Safety Alerts:

Alert title	Alert reference	Issue date	Completion deadline date	Status at 4 February 2019
Supporting the Introduction of the National Safety Standards for Invasive Procedures	NHS/PSA/RE/2015/008	14-Sep-2015	14-Sep-2016	ONGOING
Resources to support safe transition from the Luer connector to NRFit for intrathecal and epidural procedures, and delivery of regional blocks	NHS/PSA/RE/2017/004	11-Aug-2017	11-Dec-2017	ONGOING

Under this FOI request we would like you to provide us with the following information, with dates and details (e.g., committee minutes, emails and other documents) concerning the following:

1. What action the Trust has taken to implement the Alert guidance by the completion deadline?
2. Why implementation of the Alert guidance has not occurred by the completion deadline?
3. When will Trust signal full compliance with the Alert guidance?
4. Have any patient safety incidents concerning the topic of the non-compliant Alert been reported in your trust since the Alert was published?
5. How will the process be improved in the future to ensure that Patient Safety Alerts will be implemented by the completion deadline

**Answer: Please see attached. Available upon request**

**016.18**

**Prolia Treatments**

I am writing to you today to formally request the following information from your organisation.

- How many patients were treated with Prolia (denosumab 60mg) in the period 1<sup>st</sup> July 2017 – 31<sup>st</sup> December 2017?

**Answer: 190**

- Of the above patients, how many were subsequently treated with Prolia (denosumab 60mg) in the period of 1<sup>st</sup> January 2018 – 30<sup>th</sup> June 2018?

**Answer: 128**

- Of these patients, how many were treated again with Prolia (denosumab 60mg) in the period 31<sup>st</sup> July 2018 – 31<sup>st</sup> December 2018?

**Answer: 59**

**017.18**

**Kidney Carcinoma (Renal Cell – RCC);**

I have a Freedom of Information that I wonder if you could help with.

**1** – Within your Health Trust how many patients are currently (within the past 3 months) being treated with the following treatments for **Kidney Carcinoma (Renal Cell – RCC);**

If you do not treat, where do you refer these patients ?

**Answer:**

Drug Name	Patient Totals
Axinitib	
Cabozantinib	
Everloimus	
Levatinib + Everloimus	
Nivolumab	
Nivolumab + Ipilimumab	
Pazopanib	8
Sunitinib	
Temsirolimus	
Tivozanib	

**018.19**  
**Drug resistant infections**

Under the Freedom of Information Act 2000 I kindly request the following information:

I would like to know:

- How many cases of drug resistant infections (both bacterial and fungal) have there been at your NHS trust in each of the past five years (2018, 2017, 2016, 2015, 2014)?

**Answer:**

	<b>Apr 2014- Mar 2015</b>	<b>Apr 2015- Mar 2016</b>	<b>Apr 2016- Mar 2017</b>	<b>Apr 2017- Mar 2018</b>	<b>Apr 2018- Mar 2019</b>	
<b>Acinetobacter baumannii, carbapenem-resistant</b>	0	0	0	15	0	
<b>Pseudomonas aeruginosa, carbapenem-resistant</b>	2	1	0	3	0	
<b>Enterobacteriaceae, carbapenem-resistant, ESBL-producing</b>	0	0	0	0	0	
<b>Enterococcus faecium, vancomycin-resistant</b>	2	22	7	4	12	
<b>Staphylococcus aureus methicillin-resistant, vancomycin-intermediate and resistant</b>	0	1	1	1	0	
<b>Helicobacter pylori, clarithromycin-</b>						<b>no routine diagnostic lab will culture H. pylori or</b>

resistant						check susceptibility. This is a reference lab test.
Campylobacter spp., fluoroquinolone- resistant						we do not routinely check susceptibility to Campylobacter spp.
Salmonellae, fluoroquinolone- resistant	2	1	0	0	2	
Neisseria gonorrhoeae, cephalosporin- resistant, fluoroquinolone- resistant	0	2	0	0	0	
Candida Auris	0	0	0	0	0	

- What were those infections?

**Answer: See above**

- How many of those infections resulted in deaths?

**Answer: We have applied exemption 12, cost of compliance exceeds the appropriate limit . Due to having to manually sort through notes and death certificates to locate the information**

**019.19**

#### **Organisation Spend**

Good Morning,

I am looking to gather spend from your organization on a number of organisations for the financial years 2014/15, 2015/16, 2016/17, 2017/18 and 2018/19.

I would like this information provided in excel format and have provided a template for completion.

**Answer: Please see attached. Available upon request.**

**020.19**

#### **Children's CAMHS services**

1-The total number of referrals made to mental health services by primary schools (for pupils aged 11 and under) for each of the last four financial years (including 2018/19)?

2-The total number of referrals made to mental health services by primary schools (for pupils aged 11 and under) which were declined for each of the last four financial years (including 2018/19)?

3-The known most number of times an individual child referred by a primary school has been declined mental health services over the last four financial years - including 2018/19 (i.e. this is according to records which are kept, please don't independently investigate if records are not able to be filtered to check this)?

4-The longest known time spent by an individual child referred by a primary school on a waiting list for mental health services over the last 4 financial years - including 2018/19 (i.e. this is according to records which are kept, please don't independently investigate if records are not able to be filtered to check this)?

5-The average waiting time spent by a child referred by a primary school to be seen by mental health services in 2018/19?

Please send me the data requested in the form of an Excel spreadsheet or as a csv file, using the template provided.

If you are able to supply some of this information more quickly than other items, please supply each item when you can rather than delay everything until it is all available.

**Answer: We don't have any CAMHS services. It is run by the Walsall & Dudley Mental Health Trust to whom we refer for assessment.**

## **021.19 Rostering Software**

Does your Trust use a Rostering Software?

**Answer: SMART RosterPro – Kronos (Nursing purposes) & Softcat Ltd Allocate Cloud & Allocate (Junior Doctor portal)**

Which Staffing Groups are you using the Software for?

**Answer: Medical & Dental, Nursing & HCA's, Admin & Clerical – Ward Clerks only**

What Software are you using and who is the provider?

**Answer: As above**

What is the contract end date with your current provider?

**Answer: Annual review**

Is there a feed between your current Rostering software and any other IT used to source temporary staff ie Bank/ Agency?

**Answer: No**

What is the cost per annum for the Software?

**Answer: SMART = £33877.38 Softcat £60,675 + Allocate £13883**

Is this an hourly charge rate, % fee or a fixed annual charge?

**Answer: Fixed annual charge**

## **022.18**

### **Babies Weight**

In the 2018 calendar year were there any babies born at your hospitals where the weight of the baby was 12lbs (5443g) or more? If so please state how many and what their birthweights were.

**Answer: Nil**

## **023.19**

### **Advising expectant women of ante natal screening/diagnostic results for Down syndrome**

I wish to make a FOI request to ascertain the **language/terminology used** when **screening/diagnostic results** for **Down syndrome** are given in a **written format**, eg letter by post, email etc to **expectant parents**.

Please could you send me examples of the contents of such letters/emails used to report results of screening tests. (Please also indicate if you don't report such results in written format, but only verbally).

If different hospitals/maternity units within your Trust use different letters/emails, please send me examples of each units' correspondence identifying name of each hospital/maternity unit.

Please send me an example of all of the following that are in use:

- a) Letter/email reporting low chance combined or quadruple screen result

**Answer: See attached. Available upon request.**

- b) Letter/email reporting high chance combined or quadruple screen results

**Answer: Face to face discussion with woman (letter to screening received from Birmingham Womens Hospital via secure email)**

- c) Letter/email reporting low chance NIPT results

**Answer: NIPT not performed at this hospital**

- d) Letter/email reporting high chance NIPT results

**Answer: As above**

- e) Letter/email reporting 'no result' NIPT results

**Answer: As above**

- f) Letter/email reporting negative QF-PCR/FISH CVS results

**Answer: Woman verbally informed from Birmingham Womens Hospital where CVS is performed.**

- f) Letter/email reporting positive QF-PCR/FISH CVS results

**Answer: Women verbally informed via Birmingham Womens Hospital**

- g) Letter/email reporting negative full karyotype CVS results

**Answer: Women verbally informed via Birmingham Womens Hospital**

- h) Letter/email reporting positive full karyotype CVS results

**Answer: Women verbally informed via Birmingham Womens Hospital**

- i) Letter/email reporting negative amniocentesis result

**Answer: Women verbally informed (they are always asked if they prefer us to telephone with result or are offered an appointment to inform)**

- j) Letter/email reporting positive amniocentesis result

**Answer: as above**

## **024.19**

### **Commercial Gas Appliances**

We are seeking a list or database of installed gas appliances, categorised into groups such as:

#### **Heating**

- **Boilers** - condensing/non-condensing, wet central heating systems
- **Water Heaters** - instantaneous, continuous, storage water heaters

- **Dry (Warm Air) Convection Systems** – direct/indirect air heaters
- **Radiant Heaters** – luminous (plaque) and non-luminous (tube)

**Answer:**

### Heating

**Boilers - condensing/non-condensing, wet central heating systems:**

MLBL021001	Boiler LTHW Gas Fired	Non Condensing	Wet System
MLBL021002	Boiler LTHW Gas Fired	Non Condensing	Wet System
MLBL041001	Boiler LTHW Dual Fuel 1	Non Condensing	Wet System
MLBL041002	Boiler LTHW Dual Fuel 2	Non Condensing	Wet System
MLBL211001	Boiler LTHW Dual Fuel No.1	Non Condensing	Wet System
MLBL211002	Boiler LTHW Dual Fuel No.2	Non Condensing	Wet System
MLBL211003	Boiler LTHW Dual Fuel No.3	Non Condensing	Wet System
MLBL731001	Boiler LTHW Gas Fired (No19 NMC)	Condensing	Wet System
MLBL731002	Boiler LTHW Gas Fired (No20 NMC)	Condensing	Wet System
MLBL731005	Boiler LTHW Gas Fired (No23 NMC)	Condensing	Wet System
MLBL731006	Boiler LTHW Gas Fired (No24 NMC)	Condensing	Wet System
MLBL731008	Boiler LTHW Gas Fired (No26 NMC)	Condensing	Wet System
MLBL731014	Boiler LTHW Gas Fired (No20 NMC)	Condensing	Wet System
MLBL731015	Boiler LTHW Gas Fired (No21 NMC)	Condensing	Wet System
MLBL731016	Boiler LTHW Gas Fired (No22 NMC)	Condensing	Wet System
MLBL731012	Boiler LTHW Gas Fired (No25 NMC)	Condensing	Wet System



<b>MLBL731013</b>	<b>Boiler LTHW Gas Fired (No26 NMC)</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL731004</b>	<b>Boiler LTHW Gas Fired (No22 NMC)</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL731003</b>	<b>Boiler LTHW Gas Fired (No21 NMC)</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801001</b>	<b>Boiler LTHW Gas Fired Number 2</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801002</b>	<b>Boiler LTHW Gas Fired Number 16</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801003</b>	<b>Boiler LTHW Gas Fired Number 18</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801004</b>	<b>Boiler LTHW Gas Fired Number 14</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801005</b>	<b>Boiler Combi Gas Fired Number 8</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801006</b>	<b>Boiler Combi Gas Fired Number 4</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801007</b>	<b>Boiler Combi Gas Fired Number 28</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801008</b>	<b>Boiler Combi Gas Fired Number26</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801009</b>	<b>Boiler Combi Gas Fired Number 22</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801010</b>	<b>Boiler Combi Gas Fired Number 24</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801011</b>	<b>Boiler Combi Gas Fired Number 6</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL801014</b>	<b>Boiler Combi Gas Fired Number 4</b>	<b>Condensing</b>	<b>Wet System</b>
<b>MLBL911001</b>	<b>Boiler LTHW Gas Fired</b>	<b>Non Condensing</b>	<b>Wet System</b>
<b>MLBL911002</b>	<b>Boiler LTHW Gas Fired</b>	<b>Non Condensing</b>	<b>Wet System</b>
<b>MLBL911003</b>	<b>Boiler LTHW Gas Fired</b>	<b>Non Condensing</b>	<b>Wet System</b>
<b>MLBL911004</b>	<b>Boiler LTHW Gas Fired</b>	<b>Non Condensing</b>	<b>Wet System</b>

<b>MSBL011001</b>	<b>Boiler Steam Gas Fired 1 B0025</b>	<b>Non Condensing</b>	<b>Steam Raising</b>
<b>MSBL011002</b>	<b>Boiler Steam Gas Fired 2 B0003</b>	<b>Non Condensing</b>	<b>Steam Raising</b>
<b>MSBL421001</b>	<b>Boiler Steam Dual Fuel Unit A B0095</b>	<b>Condensing</b>	<b>Steam Raising</b>
<b>MSBL421002</b>	<b>Boiler Steam Dual Fuel Unit B B0175</b>	<b>Condensing</b>	<b>Steam Raising</b>
<b>MSBL421003</b>	<b>Boiler Steam Dual Fuel Unit C B0096</b>	<b>Condensing</b>	<b>Steam Raising</b>

• **Water Heaters - instantaneous, continuous, storage water heaters**

<b>KKBL011001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL021002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL022001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL041001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL042001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL212001</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL212002</b>	<b>Boiler Hot Water Catering 10l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL213001</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL214001</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL214002</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL215001</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL215002</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL213003</b>	<b>Boiler Hot Water Catering 10 Litres</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL222001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL231002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL231001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>

<b>KKBL232001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL232002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL572001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL572002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL571002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL581001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL581002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL582001</b>	<b>Boiler Hot Water Catering / ICCU</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL591001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL612002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL621001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL631001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL632001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL631002</b>	<b>Kitchen Equipment</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL642001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL641002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL651001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL651002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL652001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL652002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL652004</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL661001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL662001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL681001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL681002</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL910001</b>	<b>Boiler Hot Water Catering</b>	<b>Electrical heating</b>	<b>Continuous</b>

KKBL911001	Boiler Hot Water Catering	Electrical heating	Continuous
KKBL912001	Boiler Hot Water Catering	Electrical heating	Continuous
KKBL910002	Boiler Hot Water Catering	Electrical heating	Continuous
KKBL911002	Boiler Hot Water Catering	Electrical heating	Continuous
KKBL912002	Boiler Hot Water Catering	Electrical heating	Continuous
KKBL970001	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL971001	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL972001	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL972002	Boiler Hot Water Catering 7.5l	Electrical heating	Continuous
KKBL972003	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL972004	Boiler Hot Water Catering 7.5l	Electrical heating	Continuous
KKBL972005	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL972006	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL973001	Boiler Hot Water Catering 7.5l	Electrical heating	Continuous
KKBL971003	Boiler Hot Water Catering 7L	Electrical heating	Continuous
KKBL980001	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL980002	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL981001	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL981002	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL981003	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL981004	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL982001	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL982002	Boiler Hot Water Catering 7.5l	Electrical heating	Continuous
KKBL982003	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL982004	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL982005	Boiler Hot Water Catering 3l	Electrical heating	Continuous
KKBL982006	Boiler Hot Water Catering 3l	Electrical heating	Continuous

<b>KKBL982007</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL982008</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL982009</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL983001</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>
<b>KKBL983002</b>	<b>Boiler Hot Water Catering 3l</b>	<b>Electrical heating</b>	<b>Continuous</b>

• **Dry (Warm Air) Convection Systems – direct/indirect air heaters**

<b>MJCO970001</b>	<b>Heater Converter Overdoor Atrium</b>	<b>Electrical</b>	<b>Direct</b>
<b>MJCO981001</b>	<b>Heater Converter Overdoor</b>	<b>Electrical</b>	<b>Direct</b>

**Radiant Heaters – luminous (plaque) and non-luminous (tube)**

<b>MJRP011999</b>	<b>Radiator's (LST's) Block 01</b>
<b>MJRP041999</b>	<b>Radiator's (LST's) Block 04</b>
<b>MJRP211999</b>	<b>Radiator's (LST's) Block 21</b>
<b>MJRP220999</b>	<b>Radiator's (LST's) Block 22</b>
<b>MJRP230999</b>	<b>Radiator's (LST's) Block 23</b>
<b>MJRP311999</b>	<b>Radiator's (LST's) Block Wilbraham Court</b>
<b>MJRP571999</b>	<b>Radiator's (LST's) Block 57</b>
<b>MJRP581999</b>	<b>Radiator's (LST's) Block 58</b>
<b>MJRP582999</b>	<b>Radiant Panels ICCU</b>
<b>MJRP591999</b>	<b>Radiator's (LST's) Block 59</b>
<b>MJRP602999</b>	<b>Radiator's (LST's) Block 60</b>
<b>MJRP612999</b>	<b>Radiator's (LST's) Block 61</b>
<b>MJRP621999</b>	<b>Radiator's (LST's) Block 62</b>
<b>MJRP631999</b>	<b>Radiator's (LST's) Block 63</b>

<b>MJRP641999</b>	<b>Radiator's (LST's) Block 64</b>
<b>MJRP651999</b>	<b>Radiator's (LST's) Block 65</b>
<b>MJRP661999</b>	<b>Radiator's (LST's) Block 66</b>
<b>MJRP681999</b>	<b>Radiant Panels (LST's) Block 68</b>
<b>MJRP731999</b>	<b>Radiator's (LST's) Block New Manor Court</b>
<b>MJRP801999</b>	<b>Radiator's (LST's) Block Wilbraham Road Residences</b>
<b>MJRP911999</b>	<b>Radiator's (LST's) Block Town Wharf</b>
<b>MJRP951999</b>	<b>Radiator's (LST's) Block 95</b>
<b>MJRP970999</b>	<b>Radiator's (LST's) Block 97</b>
<b>MJRP980999</b>	<b>Radiator's (LST's) Block 98</b>

### **Catering**

- Ovens – deck ovens, pizza ovens, rack ovens
- Steamers & Combi Ovens – combi-steam ovens, atmospheric steamers
- Hobs & Grills – hobs, grills, griddles, barbecues, salamander grills, rotisserie grills
- Water & Oil Heaters – fryers, pasta/noodle boilers, bratt pans

**Answer:**

### **Catering**

**Ovens – 6 TOP BURNER GAS**

**Steamers & Combi Ovens – combi-steam ovens**

**Hobs & Grills –grills, salamander GAS**

**Water & Oil Heaters – fryers 2 BURNER GAS,  
2“ SOUP KETTLES**

### **Hospitality – café costa**

**Panni press**

**Water boiler**

**Coffee machine**

### **Restaurants**

**Jacket potato warmer**

**Water boiler**

## **Toaster**

**025.19**

**Single use 5mm laparoscopic suction irrigation device**

As part of the freedom of information act please could you forward the following information in regards to single use 5mm laparoscopic suction irrigation device?

\* Your current supplier?

**Answer: Leonhard Lang Via NHSSC**

\* Annual usage in the following years: 2015-2016, 2016-2017, 2017-2018, 2018 year to date

**Answer:**

**15/16 – 996 Units**

**16/17 – 972 Units**

**17/18 - 912 Units**

**18/19 – 1008 units**

\* Annual spend in the following years: 2015-2016, 2016-2017, 2017-2018, 2018 year to date

**Answer:**

**15/16 – £14,068.50**

**16/17 – £13,729.50**

**17/18 - £12,882.00**

**18/19 – £14,238.00**

\* The contract managers contact details? –

**Answer: Not a part of a contract**

\* Current contract details?

**Answer: No current contract details**

**026.19**

**Non fire retardant cladding**

Under the Freedom of Information Act I respectfully request the answer to the following questions:

1. How many buildings does your organisation have with non fire retardant cladding?

**Answer: Nil**

2. How many buildings does your organisation have with non fire retardant Balconies?

**Answer: None**

3. How many buildings does your organisation have with non fire retardant balcony decking?

**Answer: None**

4. What are you doing to rectify any buildings with non fire retardant decking and balconies?

**Answer: N/A**

5. What are the main problems with the 2018 building regulations SI 2018/1230?

**Answer: Our estates team asked if you could please clarify the question to enable us to provide an answer.**

**027.19**

**Oncology**

**FOI Request re Number of Patients Treated**

Please detail the number of Oncology patients treated<sup>1</sup> (either as a monotherapy or combination therapy) by your Trust with the stated therapies, during the 12 months **January 2018 to December 2018** inclusive.

Total Number of Patients Treated	Total Number of Patients Treated:				
	Head & Neck Cancer	Adjuvant Melanoma	Metastatic Melanoma	Non-Small Cell Lung Cancer (NSCLC)	Renal Cell Carcinoma (RCC)

<sup>1</sup> Please indicate the number of patients (excluding clinical trial patients) treated (any patients treated, not only those for whom treatment with the therapy was initiated) with the stated active anti-cancer drug treatment(s).



	Type)					
Pembrolizumab (Keytruda)	24	0	0	0	24	0
Nivolumab (Opdivo)	15	0	0	0	4	11
Ipilimumab (Yervoy)	0	0	0	0	0	0
Nivolumab & Ipilimumab	0	0	0	0	0	0
Dabrafenib (Tafinlar)	0	0	0	0	0	0
Cabozantinib (Cabometyx)	2	0	0	0	0	2
Sunitinib (Sutent)	6	0	0	0	1	5
Pazopanib (Votrient)	10	0	0	0	2	8
Axitinib (Inlyta)	1	0	0	0	0	1
Atezolizumab (Tecentriq)	7	0	0	0	7	0
Sorafenib (Nexavar)	0	0	0	0	0	0
Tivozanib (Fotivda)	0	0	0	0	0	0
Cetuximab (Erbix)	0	0	0	0	0	0
Everolimus (Afinitor)	0	0	0	0	0	0

**028.19**

### **Sexual health postal testing kits**

I'm enquiring about sexual health postal testing kits. I would like to know:

- (1) the amount spent in pounds sterling on sexual health postal testing kits (which are sent through the post to a patient's home and then returned by them for analysis) in the past three financial years: 2018-19; 2017-18; 2016-17 – up to the latest year for which data is held.

**Answer: We have signed a contract to confirm we will not share the costs or analysis of the kits with our supplier Therefore, we are unable to answer the above. Prices can be obtained direct from the supplier**

- (2) the number of sexual health postal testing kits sent to patients in the past three years (figures for each year)

**Answer:**

	<b>2016/2017 (please note this is from September 2016 when the contract started)</b>	<b>2017/2018</b>	<b>2018/2019</b>
<b>Number of Self Testing Kits requested</b>	<b>172</b>	<b>3272</b>	<b>4574</b>

(3) the number of sexual health postal testing kits returned to the authority in the same years (figures for each year)

**Answer:**

	<b>2016/2017 (please not this is from September 2016 when the contract started)</b>	<b>2017/2018</b>	<b>2018/2019</b>
<b>Number of Self Testing Kits processed</b>	<b>103</b>	<b>2332</b>	<b>3274</b>

**029.19  
Candida auris**

I am writing to you under the Freedom of Information Act 2000 to request the following information.

- Which hospitals within your Trust have reported Candida auris cases since 2009?

**Answer: Walsall Health Care NHS Trust**

- How many patients have been infected with Candida auris within your Trust since 2009?

**Answer: Please note that the below table is based on coding for Candidal Infections as coding does not specify 'auris'**

Calender Year	Count of Patients
2009	5
2010	8
2011	4
2012	6
2013	9
2014	5
2015	3
2016	8
2017	6
2018	10

- How many patients have died after being infected with Candida auris whilst being under the care of your Trust since 2009?

**Answer: Please note that the below table is based on coding for Candidal Infections as coding will not specify 'auris' & where the patient died but not necessarily due to the infection itself**

**There were no patients that died**

**030.19**

**The total amount spent on clinical insourcing companies**

To Whom it may concern,

I am making a formal application under the Freedom of Information Act (2000) to obtain the following information:

1. How many core and escalation beds did the trust have open and occupied during the 35 days following 3<sup>rd</sup> March 2019?
2. How many core and escalation beds did the trust have open and occupied during the 35 days following 4<sup>th</sup> March 2018?

Please note: Our systems do not split the occupied numbers

	Core beds open	Escalation beds open	Total Beds Occupied
04/03/2019	511	24	531
05/03/2019	511	22	532
06/03/2019	511	13	519
07/03/2019	511	13	518
08/03/2019	511	13	511
09/03/2019	511	13	523
10/03/2019	511	13	518
11/03/2019	511	11	520
12/03/2019	511	21	532
13/03/2019	511	46	556
14/03/2019	511	25	528
15/03/2019	511	18	521
16/03/2019	511	24	535
17/03/2019	511	22	530
18/03/2019	511	25	533
19/03/2019	511	20	531
20/03/2019	511	27	536
21/03/2019	511	24	534
22/03/2019	511	22	526
23/03/2019	511	20	516
24/03/2019	511	20	514
25/03/2019	511	16	511
26/03/2019	511	20	525
27/03/2019	511	24	533
28/03/2019	511	12	522
29/03/2019	511	9	514
30/03/2019	511	0	504
31/03/2019	511	4	510
01/04/2019	511	19	527
02/04/2019	511	19	521
03/04/2019	511	23	534
04/04/2019	511	22	533
05/04/2019	511	23	534
06/04/2019	511	16	517
07/04/2019	511	14	517
<b>Total</b>	<b>17885</b>	<b>657</b>	<b>18366</b>

	Core beds open	Escalation beds open	Total Beds Occupied
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05/03/2018	445	71	516
06/03/2018	445	80	525
07/03/2018	445	87	532
08/03/2018	445	75	520
09/03/2018	445	76	521
10/03/2018	445	73	518
11/03/2018	445	76	521
12/03/2018	445	79	524
13/03/2018	445	78	523
14/03/2018	445	78	523
15/03/2018	445	79	524
16/03/2018	445	81	526
17/03/2018	445	98	543
18/03/2018	445	100	545
19/03/2018	445	90	535
20/03/2018	445	70	515
21/03/2018	445	87	532
22/03/2018	445	86	531
23/03/2018	445	88	533
24/03/2018	445	83	528
25/03/2018	445	83	528
26/03/2018	445	87	532
27/03/2018	445	83	528
28/03/2018	445	82	527
29/03/2018	445	91	536
30/03/2018	445	70	515
31/03/2018	445	80	525
01/04/2018	445	74	519
02/04/2018	445	78	523
03/04/2018	445	79	524
04/04/2018	445	71	516
05/04/2018	445	80	525
06/04/2018	445	73	518
07/04/2018	445	58	503
08/04/2018	445	69	514

<b>Total</b>	<b>15575</b>	<b>2793</b>	<b>18368</b>
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- The total amount spent on clinical insourcing companies for the financial year 18/19 (April – March)

**Answer: £12055.48**

- Please highlight which of the following companies were used:

Company	Tick if used
Medinet	
18 Weeks	

SHS Partners	
HBS UK	
The Endoscopy Group	
MSI	x
Alliance Medical	
Remedy Healthcare Solutions	
Your Medical Services	
Other	

**031.19**

**Core and escalation beds**

I would like to submit a freedom of information request for the following information:

1. How many core and escalation beds did the trust have open and occupied during the 35 days following 3<sup>rd</sup> March 2019?
2. How many core and escalation beds did the trust have open and occupied during the 35 days following 4<sup>th</sup> March 2018?

**Answer:**

**032.19**

**Radiology-extravasation threshold rates**

Dear FOI teams,

**FOI REQUEST TO RADIOLOGY DEPARTMENTS**

**Criteria.** Radiology departments who administer IV contract media for radiology procedure.

**Background.** South Tees NHS Trust would like to set a threshold number regarding extravasations during administration of IV contract media to trigger an internal investigation.

**Question.** Do other trusts have a threshold number and/or criteria regarding extravasations during administration of IV contract media to trigger an internal investigation?

**Answer: Radiology document it. But we don't have a threshold to trigger an internal investigation.**

**033.19**  
**Car Parking**

In adherence with the Freedom of Information Act, is it possible to provide the following information:

- Name and contact details (email and telephone number) of the individual or team responsible for the management of car parks and car park contracts within the trust.

**Answer:** Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of improvement & Strategy , email address: [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.

**034.19**  
**NDA agreements**

I am requesting the following under the 2000 FOI Act

- The number of exit agreements (resignations, dismissals, retirement etc) containing a Non Disclosure Agreement
- The total amount of money paid as lump sums (excluding any regular payments) as part of these agreements
- The largest sum paid for a single exit agreement by your Trust.

Please provide the information electronically in an Excel sheet where possible.

**Answer:**

**We do not do non-disclosure agreements – as a Trust we are not allowed to make any non-contractual payments, (for such payments you need legal advice and Treasury approval)**

**We have run the MARS Mutually Agreed Resignation Scheme, any payments made were within in the contractual terms and conditions**

**035.19**  
**Assaults in Mental Health Trust**

Dear Sir/Madam,

Under the Freedom of Information Act can I ask for the following information:

1) Please state the number of assaults that were conducted by:

a. Patient on staff

b. Patient on patient

c. Staff on patient

d. Staff on staff Recorded at hospitals and other premises of your mental health trust/board in each of the following financial years:

i) 2014/15

ii) 2015/16

iii) 2016/17

iv) 2017/18

v) 2018/19

Can I have that broken down by year and by a-d please.

**Answer: We don't have any CAMHS services. It is run by the Walsall & Dudley Mental Health Trust to whom we refer for assessment.**

**036.19**

**Motorcycle staff parking**

I write to request the following information under the Freedom of Information Act.

At your hospital site (if more than one please list all sites):

1) How much do you charge staff members to park a motorcycle on site?

**Answer: Motorcycle parking is free outside of the staff car parks**

2) Is the motorcycle parking provided for staff in a covered area?

**Answer: There is some covered Motorcycle parking. Not specifically for staff**

3) Do you provide ground anchors for staff in motorcycle parking areas?

**Answer: There are ground anchor points for Motorcycles.**



**037.19**

**Paediatric audiology**

Please find attached a Freedom of Information request from the National Deaf Children's Society.

The head or manager of your children's audiology service should be best placed to provide the information for most of the questions but some data may be required from other departments.

This is part of a nationwide request, using a standardised format to ensure consistency. Please do not alter the form.

**Answer: Please see attached. Available upon request.**

**038.19**

**Maternity support workers Job descriptions**

I would like to make a request, under the Freedom of Information Act for the following information:

Please can you provide the job descriptions for support workers in maternity\* and the accompanying job matching analysis.

**Answer: Please see profile link below and attached. Available upon request.**

[https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Nursing\\_Services.pdf?la=en&hash=544C26422C0341E51F2B016249E59DC548EC1339](https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Nursing_Services.pdf?la=en&hash=544C26422C0341E51F2B016249E59DC548EC1339)

\*the term Maternity Support Worker is used to describe any unregistered employee providing support to a maternity team, mothers and their families who work specifically for a maternity service

Thank you in advance for your assistance. I look forward to hearing within 20 working days.

**039.19****Freedom of information requests**

I am writing to request the following information under the Freedom of Information Act:

1. The total number of Freedom of Information requests your Trust received in financial year 2018/19.

**Answer: 670**

2. The total number of Freedom of Information Requests your Trust responded to within the 20 working days set out by the act in financial year 2018/19.

**Answer: 367**

**040.19****Assaults**

Under the Freedom of Information Act can I ask for the following information:

1) Please state the number of assaults that were conducted by:

a. Patient on staff

b. Patient on patient

c. Staff on patient

d. Staff on staff Recorded at hospitals and other premises of your mental health trust/board in each of the following financial years:

**Answer: Please see table below**

i) 2014/15

ii) 2015/16

iii) 2016/17

iv) 2017/18

v) 2018/19

**Answer: Please see the column headings. This is the only way the information is recorded.**

Row Labels	VA01 - Violence Or Assault (Pt Medical Condition) Patient on Staff or Patient	VA02 - Violence Or Assault (Pt Non-Medical Condition. Patient on Staff or Patient	VA03 - Violence Or Assault (Visitor I.E. Outpatient. By Patients in outpatients	VA04 - Violence Or Assault (Inflicted By Staff)	Grand Total
2014-15	128	36	4	1	169
2015-16	156	34	10	2	202
2016-17	121	33	10	4	168
2017-18	105	42	11	5	163
2018-19	88	36	16	6	146
Grand Total	598	181	51	18	848

Can I have that broken down by year and by a-d please.

2) Please provide, for each assault, a description of each assault and details of where the assault took place (e.g. in a secure unit/in a consultation room/hospital ward), if possible under the cost limit set out by the FOIA.

**Answer:**

Row Labels	VA01 - Violence Or Assault (Pt Medical Condition )	VA02 - Violence Or Assault (Pt Non-Medical Condition	VA03 - Violence Or Assault (Visitor I.E. Outpatient	VA04 - Violence Or Assault (Inflicted By Staff)	Grand Total
2014-15	128	36	4	1	169
Accident & Emergency	9	17	1		27
AMU (Ward 5/6)	7	1			8
Car Parking			1		1
Cardiology	2				2
Discharge Lounge	1				1
District Nurses - Bentley		1			1
Gastroenterology	1				1
General Surgery	2	2			4
HDU (Critical Care)	2				2
ITU	1				1
Main Atrium		1			1
Medicine	3				3
Patient's Own Home	2	1			3
Respiratory	1				1
Short Stay Unit (Ward 29)	1				1

Speech & Language Therapy (SALT)		1			1
Surgical Assessment Unit (SAU)	1				1
Ward 1	5	1			6
Ward 10	1		1		2
Ward 11	4	2			6
Ward 12	8	2	1		11
Ward 14	5				5
Ward 15	15	2			17
Ward 16	24			1	25
Ward 17	3				3
Ward 2	1				1
Ward 20A	1				1
Ward 20B		2			2
Ward 21	1	1			2
Ward 3	10	1			11
Ward 4 / Stroke Rehab Unit (SRU)	14				14
Ward 7	2				2
Ward 9	1	1			2
2015-16	156	34	10	2	202
Accident & Emergency	5	7	3		15
AMU (Ward 5/6)	3				3
AMU (Ward 5/6)	3	1			4
Cardiology	2				2
General Office			2		2
General Surgery	1				1
HDU (Critical Care)	1	2			3
Imaging Services	1				1
Intermediate Care Team (Bed Based)		1			1
ITU	3	1			4
Out Of Area Patient GP/DNS				1	1
Outpatients	1		1		2
PAL/EOL - Lymphoedema	1				1
PAL/EOL - Palliative Care			1		1
Patient's Own Home	6	3			9
Short Stay Unit (Ward 29)	18		1		19
South Locality Community Nursing Team		1			1
Speech & Language Therapy (SALT)	1				1
Theatres		2			2
Trauma And Orthopaedics	1				1
Ward 1	13	1	1		15
Ward 10	1		1		2

Ward 11	3				3
Ward 12	5	1			6
Ward 14	16	2			18
Ward 15	16				16
Ward 16	19	4			23
Ward 17	2				2
Ward 2	2				2
Ward 20A	1	3			4
Ward 20B				1	1
Ward 27 - (Delivery Suite)	2				2
Ward 3	13				13
Ward 4 / Stroke Rehab Unit (SRU)	6	2			8
Ward 7	2	3			5
Ward 9	7				7
West Locality Community Nursing Team	1				1
<b>2016-17</b>	<b>121</b>	<b>33</b>	<b>10</b>	<b>4</b>	<b>168</b>
Access	1				1
Accident & Emergency	5	2			7
AMU (Ward 5/6)	3	1			4
AMU (Ward 5/6)	3	1		1	5
Car Parking			2		2
Cardiology	3	1			4
Community Midwives		1			1
Corridors (General)	1	1			2
District Nurses - Brownhills	1				1
Gastroenterology	7	8			15
General Surgery			1		1
HDU (Critical Care)	2	1			3
Health Visiting		1			1
Medicine	5				5
Nursing Home	1				1
Other Admin Location				1	1
Outpatients			1		1
Paediatric Physio And OT			1		1
Paediatrics Outpatients	1				1
Patient's Own Home	1		1		2
School Nursing Services		1			1
Sexual Health Services			1		1
Short Stay Unit (Ward 29)	9	3			12
Ward 1	4		1		5
Ward 10	2	1			3
Ward 11	1	1			2
Ward 12	1				1

Ward 14	14	1		1	16
Ward 15	10	1			11
Ward 16	24	2	1		27
Ward 17	1				1
Ward 2	3				3
Ward 20A	1				1
Ward 20B				1	1
Ward 21	1	4			5
Ward 27 - (Delivery Suite)		1			1
Ward 3	10				10
Ward 4 / Stroke Rehab Unit (SRU)	3	1	1		5
Ward 9	3				3
2017-18	105	42	11	5	163
Accident & Emergency	6	5			11
AMU (Ward 5/6)	6	7	1		14
Antenatal OPD			1		1
Car Parking		1			1
Community Neuro Rehabilitation	1				1
Community Nursing East 1	1				1
Corridors (General)	1				1
Dental OPD Clinic		1			1
Diabetes	2	1			3
Discharge Lounge (Temporary)	1				1
Gastroenterology	3	1			4
General Surgery		2			2
HDU (Critical Care)	2	2			4
Imaging Services			1		1
ITU	1				1
Medicine	1				1
NHS England		1			1
Non-Trust Premises		1			1
Outpatients			1		1
Paediatric Assessment Unit	1	1			2
Patient's Own Home	3	1			4
Podiatry		2			2
Rapid Response Team			1		1
Safeguarding (Adults)			1		1
Sexual Health Navigation Point - WISH			1		1
Sexual Health Services			1		1
Short Stay Unit (Ward 29)	2		1		3
Surgical Assessment Unit (SAU)		1		1	2

Theatres	1			1	2
Unknown Location	1				1
Ward 1	3	1			4
Ward 10	7	2		1	10
Ward 11	4	1			5
Ward 12	1		1		2
Ward 14	14	2			16
Ward 15	9				9
Ward 16	4	1			5
Ward 2	6			1	7
Ward 21	1	3		1	5
Ward 27 - (Delivery Suite)		2			2
Ward 3	13				13
Ward 4 / Stroke Rehab Unit (SRU)	6	1			7
Ward 7	1	2			3
Ward 9	3		1		4
2018-19	88	36	16	6	146
Accident & Emergency	5	6	1		12
Acute Surgical Unit (ASU)	4				4
AMU (Ward 5/6)		4		1	5
Cancer Services			1		1
Car Parking			1		1
Cardiology	1				1
Clinical Measurement Unit			2		2
Community Midwives				1	1
Community Nursing East 1	1				1
Community Nursing East 2		2			2
Community Nursing West 1	1				1
Community Nursing West 2		1			1
Corridors (General)			2		2
Dementia Care Team		1			1
ENT Services			1		1
Gastroenterology	4	2	1		7
HDU (Critical Care)	4				4
Health Visiting			1		1
I C U (Intensive Care Unit)	2				2
Intermediate Care Team (Bed Based)	1				1
Outpatients			1		1
Paediatric Assessment Unit		2	1		3
Paediatrics Outpatients	1				1
Patient's Own Home	2	1			3
Physiotherapy MSK And OCAS			1		1
Pre-Assessment				1	1

<b>Residential Home</b>		<b>1</b>			<b>1</b>
<b>Sexual Health Services</b>			<b>1</b>		<b>1</b>
<b>Short Stay Unit (Ward 29)</b>	<b>2</b>				<b>2</b>
<b>Stroke Service</b>	<b>1</b>	<b>1</b>			<b>2</b>
<b>Urology</b>				<b>1</b>	<b>1</b>
<b>Ward 1</b>	<b>11</b>				<b>11</b>
<b>Ward 10</b>	<b>3</b>	<b>1</b>			<b>4</b>
<b>Ward 14</b>	<b>3</b>				<b>3</b>
<b>Ward 15</b>	<b>2</b>	<b>2</b>		<b>1</b>	<b>5</b>
<b>Ward 16</b>	<b>5</b>				<b>5</b>
<b>Ward 17</b>	<b>1</b>	<b>1</b>			<b>2</b>
<b>Ward 2</b>	<b>7</b>	<b>2</b>			<b>9</b>
<b>Ward 20B</b>				<b>1</b>	<b>1</b>
<b>Ward 21</b>	<b>13</b>	<b>6</b>			<b>19</b>
<b>Ward 23</b>			<b>1</b>		<b>1</b>
<b>Ward 3</b>	<b>6</b>	<b>1</b>			<b>7</b>
<b>Ward 4 / Stroke Rehab Unit (SRU)</b>	<b>7</b>	<b>1</b>			<b>8</b>
<b>Ward 7</b>	<b>1</b>				<b>1</b>
<b>Ward 9</b>		<b>1</b>	<b>1</b>		<b>2</b>
<b>Grand Total</b>	<b>598</b>	<b>181</b>	<b>51</b>	<b>18</b>	<b>848</b>

#### **041.19**

##### **Public sector pipelines**

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please send me:

- **The total pipeline of public sector projects involving any aspect of the Built Environment, Construction, Consultancy Services or Professional Services in any capacity;**
- **The total value of these projects;**
- **The expected benefits and high level policy outcomes of these projects;**
- **Descriptive information for each of these projects, including location, value, and procuring authority;**
- **Descriptive information for any other public sector projects involving any aspect of the Built Environment, Construction, Consultancy Services or Professional Services in any capacity.**



I would like the above information to be provided to me as an electronic copy, or via paper version if this is not available. If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary.

If the release of any of this information is prohibited on the grounds of breach of confidence, I ask that you supply me with copies of the confidentiality agreement and remind you that information should not be treated as confidential if such an agreement has not been signed.

**Answer: The Trust has no Capital works other than Maternity that is due to be completed this Autumn. The Emergency Department project is still in the business case stage. We have no other Capital works planned at this stage.**

**042.19**  
**Phishing/Scam emails**

I would like to know the following under the Freedom of Information Act.

- Breakdown of the number of reports of 'phishing'/ scam emails reported to your trust over the last three financial years

**Answer: Since April 2016, we only have 30 recorded incidents where 'phish' is mentioned, either by a newly created category or in the free text.**

**During the same period we've had 400 incidents raised that include 'spam' as a category or in the free text.**

- Additionally, if possible, could you provide some detail on the nature/categories of the reports? E.g. scam email, request for money etc.

**Answer: Predominantly these are emails that are of a shallow and wide variety with very little specific content. We are aware of a couple of incidents where a member of staff has been targeted specifically with a request that would indicate a level of intelligence about the trust, employees and their roles.**

- And any information on financial losses from the public due to these incidents?

**Answer: None**

**043.19**

**Overseas patient tariff charge**

I am writing to make the following requests under the Freedom of Information Act 2000. You have 20 working days to reply.

All the requests relate to the overseas patient up front tariff, introduced in October 2017.

- 1) How much money has your trust received from the charge in total since it was introduced?

**Answer: Nil**

- 2) What is the cost, in either cash or staff hours and pay, of administering the charge to the trust?

**Answer: Nil**

- 3) Please provide a breakdown of the treatments subject to the charge and how much has been recouped for each treatment over the same period.

**Answer: Nil**

- 4) How much has the hospital spent on overseas patient treatments over the same period?

**Answer: The expenditure incurred in treating an overseas patient is included within the charge to the Overseas patient and is not itemised.**

**044.19**

**Fat-shaming complaints**

Could you please tell me for each of the years 2016, 2017 and 2018

1. How many complaints through the patient advice and liaison system (PALS) your trust received from patients alleging they had been discriminated against or badly treated by a member of staff because of their being overweight or obese.

**Answer:**

Year	Number of complaints
2016	2
2017	4
2018	3

Please do this by searching for complaints containing any of the words "weight", "fat", "obese", "overweight" and "bariatric" and filtering these to find those that refer to fat-shaming comments made by a member of staff.

Can you select the first five such complaints from 2018 and provide me with the following details:

2. What type of staff member was the complaint levelled against? E.g. healthcare assistant, junior doctor, consultant, cleaner, kitchen staff

**Answer: See below**

3. Please quote the words allegedly used by the hospital staff or summarise the offending action

**Answer: See below**

4. Please tell me what, if any, action was taken by your trust in response to these five sample complaints from the beginning of 2018

**Answer: See below**

#### **Case details for 2018:**

##### **Staff member: Consultant**

**Description:** Relates to attitude of consultant when patient came in for surgery and that she was told she is 'too fat'

**Actions:** Clinical lead contacted relative and apologised. Said they would speak to consultant regarding the language used as it was very blunt and to consider this for further practice.

##### **Staff member: Doctor**

**Description:** Doctor advised patient to quit smoking and lose weight

**Actions:** Clinical Director reviewed and advised "All hernia patients should be advised to lose weight if they are overweight . They should also be advised to stop smoking. These are the two main causes of complications and failure of repair in hernia

**surgery. Many surgeons would not even offer this sort of hernia repair to patients who smoke”**

**Staff member: Doctor**

**Description: Inappropriate remarks about the aunts weight.**

**Actions: Clinical Director contacted complainant to discuss and apologise.**

**045.19**

**Payments we have made that are over £25,000**

I am looking for some assistance with your organisation's Spend/Transparency data, available on the following weblink:

<https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/our-expenditure/>

There appears to be no file available for the month of March 2019. Could you advise when the file will be made available to view online? Would it be possible for you to email me a copy of the March 2019 file?

**Answer: The file will be on our internet page in the next few days.**

**046.18**

**Radiology and Ultrasound equipment at the hospitals**

I am writing to request data under the Freedom of Information Act 2000 for all the Radiology and Ultrasound equipment at the hospitals within your Trust.

For support, I have attached an excel document which sets out the information that I would like to gather. I would be grateful if you could populate the attachment and provide with your response. Hopefully this will make the process easier for the person collating and providing the information. A summary of the information requested in the excel attachment is shown below:

1. For each individual Radiology and Ultrasound diagnostic imaging system within the Trust:
  - a. Site Location (Hospital Name)
  - b. Manufacturer Name
  - c. Model Name

- d. Whether the equipment has been Purchased / Leased / MES
- e. Age of equipment (years)
- f. Current Service provider name
- g. Current Service contract end date
- h. Current Service contract type:
  - i. Preventative Maintenance
  - ii. Fully Comprehensive
- i. Service cost per annum
- j. Planned replacement date

**Answer: Please see attached spreadsheet. We have applied Exemption 43 to questions i. This information is commercially sensitive with the other information supplied. The total service charge is shown.**

**When completing your spreadsheet something happened to the drop down box on the equipment age column. I have therefore added an extra column on the end. Available upon request.**

#### **047.19 Apprenticeship levy funds**

Please see below Freedom of Information request questions,

Please could you provide data on the following:

- 1)** Total amount of apprenticeship levy funds paid into your apprenticeship service account from May 2017 to April 2019

**Answer: £1,398,015**

- 2)** Total amount of apprenticeship levy funds withdrawn from your apprenticeship service account and used for training and/or assessment from May 2017 to April 2019

**Answer: £500,783**

- 3)** The total value of levy funds which you expect to expire from your apprenticeship service account in:

April 2019	£
May 2019	£
June 2019	£
July 2019	£

**Answer: The Trust no longer manage the Apprenticeships. Therefore will not hold these figures**

- 4) The lowest hourly rate of pay in use for an apprentice in April 2019

**Answer: £3.90**

#### **048.19 MRIs and CTs**

1. Please tell me how many patients in the trust who had an MRI scan in 2018 had waited a) six months or longer b) a year or longer

**Answer: The data on waiting lists is publicly available from:**

<https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/>

2. Please tell me how many patients in the trust who had an MRI scan in 2017 had waited a) six months or longer b) a year or longer

**Answer: Please see link above**

3. Please tell me how many patients in the trust who had an CT scan in 2018 had waited a) six months or longer b) a year or longer

**Answer: Please see link above**

4. Please tell me how many patients in the trust who had an CT scan in 2017 had waited a) six months or longer b) a year or longer

**Answer: Please see link above**

5. Please tell me how many a) MRI scanners b) CT scanners there are in the trust?

**Answer:**

a. 1

b. 2

6. Please tell me the approximate age of a) the MRI scanner and ) the CT scanner

**Answer:**

**a. Part of a managed equipment service**

**b. 10 years**

**049.19**

**Deaths & Autopsy**

I wish to make a FOI request for the following information:

For each of the years 2017 and 2018 please may you provide me with-

1. The total number of adult (aged 17 and above) deaths within your Trust (on Trust sites) between 1st January and 31st December of each year.

**Answer: 2017 = 1107 2018 = 1051**

2. The number of Hospital (consent) autopsies carried out on adult (aged 17 and above) deaths which occurred between 1st January and 31st December of each year.

**Answer: 2017 = 3 2018 = 1**

**050.19**

**Worster Drought Syndrome**

To whom it may concern,

I am making this Freedom of Information request of the Worster Drought Syndrome Support Group (WDSSG <http://www.wdssg.org.uk/>).

Worster Drought Syndrome is a rare/ultra-rare disease that in 2019 Orphanet estimate to have a European prevalence of 3.7 cases per 100,000 population<sup>1</sup>.

Based upon this prevalence there are estimated to be 2,442 patients however some prevalence estimates are 9 in 100,000 population with up to 5,940 prevalent population in the UK today.

There is concern that WDS is under-diagnosed or misdiagnosed, there does not appear to any treatment pathway or recommendations for the referral, management or identifiable specialist centres for diagnosis and management in the UK.

The WDSSG are attempting to identify where diagnosis is taking place, the diagnosed prevalence of WDS and for potential similar syndromes/diseases where there could be misdiagnosis or no diagnosis at all in order to work with the NHS to provide education and hopefully better outcomes for patients.

There is not a specific ICD 10 code available to attribute to a WDS diagnosis, as a form of cerebral palsy (ICD10 G80). WDS is then included in the sub categories C80.8 (Other Cerebral Palsy) or C80.9 (Cerebral Palsy Unspecified)

The table below outlines the data that the WDSSG would like to know.

	Number M/F	Age at diagnosis	ICD 10 code applied	Other co- morbidities and ICD codes
A primary diagnosis of Worster Drought over the last 3 years	1 Male 1 Female	1 aged 54 1 aged 1	G809	G409 R629 (Secondary diagnosis only)
Worster Drought prevalence (all ages) under your care	Not available- Can provide number of relevant primary admissions during referred time period (Jan 2016- Dec2018)			
No of patients diagnosed with Congenital suprabulbar palsy/paresis	N/A			



No of patients diagnosed with Congenital pseudobulbar palsy/paresis	N/A			
No of patients diagnosed with bilateral perisylvian polymicrogyria	2 Male	Both >5	Q043	H540 R568 (Secondary diagnosis only)
No of patients diagnosed with foix-chavany-marie syndrome	1 Male	42	G528	G439 (Secondary diagnosis only)
How many patients have had a diagnosis of WDS which has been re coded: to what disease/ICD10 code?	*See note below			
How many patients have been re coded to WDS	*See note below			
Any specific specialities/services/pathways/recommendations provided for WDS patients	* See note below			

**\* Note With regard to the 'WDS' patients – there were only two patients admitted during the time period with a primary diagnosis that match those being requested G808, G809 and both of these patients would need to have a thorough review of all medical notes before confirming these as 'WDS' patients or enabling a change in diagnosis to be recorded. Therefore the two patients with a matching primary diagnosis are only listed once.**

References:

Orphanet Report Series - Prevalence of rare diseases: Bibliographic data - January 2019 – Number [http://www.orpha.net/orphacom/cahiers/docs/GB/Prevalence\\_of\\_rare\\_diseases\\_by\\_decreasing\\_prevalence\\_or\\_cases.pdf](http://www.orpha.net/orphacom/cahiers/docs/GB/Prevalence_of_rare_diseases_by_decreasing_prevalence_or_cases.pdf)

## **051.19 Homeless patients**

I am writing to make a request under the Freedom of Information Act 2000.

I have the following questions about the support offered to homeless patients who attend your organisation.

1. How many attendances to your organisation were coded as NFA (no fixed address) per year in 2015, 2016, 2017, and 2018?

**Answer:**

<b>2015-12-31</b>	<b>251</b>
<b>2016-12-31</b>	<b>168</b>
<b>2017-12-31</b>	<b>186</b>
<b>2018-12-31</b>	<b>228</b>

2. Does your organisation have (a) a documented pathway for supporting homeless patients; or (b) a housing officer (or similar); or (c) a supply of clean clothes to offer homeless people? If yes to (a), (b), or (c) please provide details.

**Answer:**

- **Pathway currently informal developed in conjunction with housing department- not yet ratified, currently under review.**
- **Housing officer can be contacted for advise as necessary**
- **Clothes not available**
- **Discussions at A&E complex group meetings- housing officer member of the group**

3. How many patient referrals to a local housing authority under the Homelessness Reduction Act 2017 has your organisation made since 1 October 2018?

**Answer: The trust does not record this data**

4. What is your organisation doing, or planning to do, to support homeless patients or to comply with the Homelessness Reduction Act 2017?

**Answer: Homelessness is incorporated as part of our level 3 training for staff 2019/2020, duty to refer anyone who we believe to be homeless. Now part of SARs – Safeguarding Adult Boards to ensure that Safeguarding Adult Reviews are conducted when a person who sleeps rough dies or is seriously harmed as a result of abuse or neglect.**

**052.19**

**Flexible Working Policy and Adoption**

Dear Walsall Healthcare NHS Trust ,

I am investigating Flexible Policy and Adoption within NHS Trusts and as a result would appreciate if you would be able to answer the following questions under the freedom of information act:

1. Do you offer flexible working policies to address the different types of flexible working listed below (Yes/No):

- a) Part-time working
- b) Flexitime
- c) Job sharing
- d) Compressed hours
- e) Annual hours
- f) Term-time working
- g) Home working
- h) Voluntary time
- i) Zero-hour contracts
- j) Other

**Answer: We have the Flexible Working policy –which provides information on how to request flexible working and covers the above except we do not do zero hours contracts or voluntary time**

2. Please provide the number of staff accessing flexible working by the following staff groups in the years 2017/18 and 2018/19 (Headcount):

	2017/18	2018/19
Medical		
Nursing		
AHP/Scientific		
NMNC		
Total		

**Answer: This information is not recorded. Most arrangements conducted at a manager's discretion and handled locally.**

3. Please provide the following details around flexible working requests and agreements over the past 12 months (Headcount):

	Total number of staff	Number of flexible working requests	Number of flexible working agreements
Male			
Female			
16-40 Years of Age			
40+ Years of age			

**Answer: As above**

4. On average, how long does a flexible working agreement last (Years/Months)?

**Answer: Ranges from usually 12 months to 5 years or permanent change**

5. Are flexible working agreements recorded against the employee HR record (ESR)?

**Answer: No – kept in personal files with their manager**

6. What % of vacancies in your organisation have been specifically targeted at reaching individuals seeking flexible working arrangements?

**Answer: All vacancies are advertised with as being open to all**

7. Has your organisation seen any quantifiable or measurable returns through the implementation or adoption of flexible working?

**Answer: Flexible working arrangements are managed locally. Objectives do not change**

8. Is training available to managers around dealing with flexible working?  
a. What % of managers have received training around flexible working?

**Answer: No formal training is provided - Employees and line managers can come to HR for advice and guidance on the process**

#### Process and Providers of flexible working

9. Please provide details on the organisation's application process for a member of staff wishing to engage in a flexible working arrangement. Within which, please indicate whether this process is manual or supported via an electronic system.

**Answer: Please see Flexible working policy attached ( Available upon request)**

10. Does your organisation use any 3<sup>rd</sup> party systems to enable or facilitate the flexible working application process and flexible working arrangements?
- b. Please provide the name of the system[s] used

**Answer: No**

#### **053.19**

##### **Peripheral IV Cannulas**

Please could you kindly advise of the following information in respect of which peripheral IV cannulas you purchase for the administration of chemotherapeutic agents:

Supplier

**Answer: BBraun**

Brand

**Answer: Introcan Safety 3 – safety Cannula straight with wings yellow 24G x 19mm PUR with Blood control technology**

Volume per annum of gauge size(s)

**Answer: 18/19 – 50 Boxes of 50 cannulas**

#### **054.19**

##### **Trust Heads/Directors**

Under the freedom of information please could I request the following information

The name and email address for the following job titles within your Trust

1. Head of Patient Services

**Answer: The trust does not have a head of patient services**

2. Head of Outpatients

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Anna Winyard, Director of Operations, Surgery. email address; [anna.winyard@walsallhealthcare.nhs.uk](mailto:anna.winyard@walsallhealthcare.nhs.uk)**

3. Clinical Chief Information Officer

**Answer: Dr Javed. [muhammad.javed@walsallhealthcare.nhs.uk](mailto:muhammad.javed@walsallhealthcare.nhs.uk)**

4. Clinical Director for Children and Young People

**Answer: Louise Holland. [louise.holland@walsallhealthcare.nhs.uk](mailto:louise.holland@walsallhealthcare.nhs.uk)**

5. Clinical Director Acute Care

**Answer: Najam Rashid. [najam.rashid@walsallhealthcare.nhs.uk](mailto:najam.rashid@walsallhealthcare.nhs.uk)**

6. Clinical Director Diagnostic and Imaging

**Answer: Dr Harinder Ria. [harinder.rai@walsallhealthcare.nhs.uk](mailto:harinder.rai@walsallhealthcare.nhs.uk)**

## **055.19 Unlicensed SCAT**

I would like to request information about the availability of unlicensed systemic anticancer therapy (SCAT) being offered at your hospital, outside a clinical trial, for the treatment of acute myeloid leukaemia or acute lymphoblastic leukaemia (referred as "indications" below) between April 2017 and April 2019.

### **Question 1**

Does your hospital offered any unlicensed SCATs for these indications that was provided by drug company via a free-of-charge scheme, managed access scheme or patient access scheme that was not commissioned or reimbursed by NHS England.

**Answer: No**

### **Question 2**

Which drugs were involved in these schemes? If not able to provide name, please state total number.

**Answer: N/A**

### **Question 3**

How many patient received treatment under these schemes?

**Answer: N/A**

### **Question 4**

Please provide your local procedure/policy for access to unlicensed SCAT that is not commissioned or reimbursed by NHS England. Who is responsible for approval of these requests in your organisation?

**Answer: There is no local procedure/policy in place**

#### Question 5

Please provide your local pharmacy procedure/policy for quality control or quality reassurance of these unlicensed medications when they are delivered to hospital.

**Answer: There is no local procedure/policy in place**

**056.19**

#### **Trust Workforce Training Compliance Data 2018/2019**

Under the Freedom of Information Act (2000, c.36), may I request the non-personal identifiable data of monthly overall percentage Trust staff statutory and mandatory training compliance for the period of beginning April 2018 to end April 2019 (inclusive), divided by staff groups - i.e.:

- Additional Professional Scientific and Technical Staff;
- Care Support Staff;
- Administrative and Clerical Staff;
- Allied Health Professionals;
- Healthcare Scientists;
- Medical and Dental Staff;
- Nursing and Midwifery Registered Staff.

**Answer:**

Please see below the mandatory training compliance for the period of beginning April 2018 to end March 2019 This has been broken down by staff group.

		Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
2019/03	<b>Mandatory Training Overall</b>	<b>89.68%</b>	<b>83.33%</b>	<b>90.78%</b>	<b>89.00%</b>	<b>90.11%</b>	<b>75.24%</b>	<b>86.98%</b>
2019/02	<b>Mandatory Training Overall</b>	<b>90.08%</b>	<b>83.58%</b>	<b>89.18%</b>	<b>88.50%</b>	<b>89.43%</b>	<b>74.35%</b>	<b>87.45%</b>
2019/01	<b>Mandatory Training Overall</b>	<b>90.19%</b>	<b>81.72%</b>	<b>88.14%</b>	<b>87.16%</b>	<b>88.54%</b>	<b>73.38%</b>	<b>85.63%</b>
2018/12	<b>Mandatory Training Overall</b>	<b>89.22%</b>	<b>83.40%</b>	<b>89.45%</b>	<b>87.99%</b>	<b>88.69%</b>	<b>72.34%</b>	<b>87.70%</b>
2018/11	<b>Mandatory Training Overall</b>	<b>90.02%</b>	<b>82.33%</b>	<b>89.50%</b>	<b>88.95%</b>	<b>89.63%</b>	<b>70.43%</b>	<b>87.03%</b>
2018/10	<b>Mandatory Training Overall</b>	<b>90.00%</b>	<b>83.59%</b>	<b>88.54%</b>	<b>88.73%</b>	<b>90.98%</b>	<b>70.20%</b>	<b>87.81%</b>
2018/09	<b>Mandatory Training Overall</b>	<b>91.41%</b>	<b>82.93%</b>	<b>88.63%</b>	<b>88.20%</b>	<b>93.49%</b>	<b>71.09%</b>	<b>86.76%</b>
2018/08	<b>Mandatory Training</b>	<b>91.57%</b>	<b>83.23%</b>	<b>88.15%</b>	<b>89.97%</b>	<b>94.51%</b>	<b>69.67%</b>	<b>88.17%</b>

	Overall							
2018/07	Mandatory Training Overall	87.13%	79.68%	87.86%	88.58%	95.36%	70.43%	85.60%
2018/06	Mandatory Training Overall	85.85%	76.35%	85.81%	86.59%	93.98%	69.23%	82.28%
2018/05	Mandatory Training Overall	85.85%	73.72%	83.75%	85.48%	89.76%	65.91%	79.70%
2018/04	Mandatory Training Overall	83.92%	70.90%	81.60%	85.01%	83.09%	61.25%	78.03%

**057.19**

### **Coal Burning At Hospitals**

Hi, I would like to know if your hospital or hospitals burn coal for fuel, electricity or heating?  
And if so, how much was used during 2016, 2017 and 2018.

**Answer: The Trust does not use coal as a source of energy**

**058.19**

### **Overseas patients**

#### **TO WHOM IT MAY CONCERN**

I am writing to you under the Freedom of Information Act 2000 to request the following information. I would be most grateful if you could help me in this respect.

***For the Financial Years 2017-18 and 2018-19:***

1. Total amount charged up front, in advance of treatment, under the Hospital Charging Regulations 2017 for each quarter of each financial year.

**Answer: The Trust is not aware of any overseas visitors that have been charged in advance of receipt of healthcare from October 2017.**

2. Total amount credited against up front charges under the Hospital Charging Regulations 2017 for each quarter of each financial year.

**Answer: N/A**



3. Total amount charged as deposit on account in advance of treatment under the Hospital Charging Regulations 2017 for each quarter of each financial year.

**Answer: N/A**

4. Total amount credited against total deposit on account under the Hospital Charging Regulations 2017 for each quarter of each financial year.

**Answer: N/A**

**059.19**

**Suppliers annual spend**

Dear Sir / Madam,

You previously very kindly provided me with the 2017/18 annual spend against each of the suppliers below? Please could you provide the annual spend from your last financial year April 2018 - March 2019? Please note this information is not commercially sensitive as all you will be giving me is the total money spent with each supplier not any detail of what you bought. Please could i have this in an excel spread sheet?

AC Electrical

Albion Electric

B E D ELECTRICAL DISTRIBUTIONS

Bennett & Fountain

Bridge Electrical Supplies

CEL Electrical

City Electrical Factors

Contact Electrical Distributor

CRS Electrical Supplies Ltd

CUMBERLAND ELECTRICAL WHOLESALERS LTD

DINNING ELECTRICAL WHOLESALE

Edmundson Electrical

Electric Base

Electric Centre

ELECTRICAL WHOLESALE SUPPLIES LTD (EWS)

EXPERT ELECTRICAL SUPPLIES LTD

Eyre and Elliston Ltd

FYLDE ELECTRICAL SUPPLIES LTD

GCG ELECTRICAL WHOLESALE LIMITED,

GILBEY ELECTRICAL WHOLESALE LTD

GILTBROOK ELECTRICAL DISTRIBUTORS LTD

Hardings Electrical

IMPACT ELECTRICAL DISTRIBUTORS LTD

Juice Electrical Supplies

KEW ELECTRICAL DISTRIBUTORS LTD

LINCS ELECTRICAL WHOLESALE LTD (LEW)

Links Electrical Supplies

MAINS ELECTRICAL DISTRIBUTORS LTD

Medlock

Newey & Eyre

NORTHERN & CENTRAL ORMSKIRK ELECTRICAL LTD

Park Electrical Distribution

Phase Electrical Distributors

QUALITY ELECTRICAL SUPPLIES AND TECHNOLOGY LTD

Rexel

Roblett Electrical Supplies Ltd

RS Components

Ryness Electrical

S & A Electrical Distribution

Screwfix

Service Electrical Wholesale

Smith Brothers

Stearn Electrical  
SWIFT ELECTRICAL SUPPLIES  
THE WHOLESALE LIGHTING & ELECTRICAL COMPANY  
TJ ELECTRICAL WHOLESALE LTD  
TN Robinson  
TRAFFORD ELEC WHOLESALERS  
Upex Electrical Distributors Ltd  
WF Senate  
Wilson Electrical Distibutors Ltd  
Wilts Wholesale  
YESSS Electrical  
John Gillman & Sons (Electrical) Ltd. T/A D.A.D.  
Premier Electrical Wholesalers (Stoke-on-Trent) Ltd  
Air Filters Ltd c/o AAF Ltd  
Camfil Ltd  
Filtrex Ltd.  
Jasun Envirocare PLC  
Mann + Hummel Vokes-Air Limited  
Westbury Filtermation Ltd

**Answer: £0 spend for all**

**060.19**  
**Sepsis**

I am writing to request information under the Freedom of Information Act 2000.

I would be grateful if you could supply me with the following information in respect of each of the last five years – that is, each of the elements below broken down/shown as an annual dataset for each of those years – with regard to Walsall Healthcare Trust.

1. The number of patients who had sepsis listed as a cause of death

**Answer:**

2017	19	From November 2017. As only started recording from Nov 17
2018	70	1 st January to 31 <sup>st</sup> December 2018
2019	64	1 <sup>st</sup> January to May 17 <sup>th</sup> 2019

2. The number of patients who had sepsis listed as a health condition in the week before their death.

**Answer: This information is not recorded on our systems.**

## 061.19 Privacy

Please could you provide me with the following documentation and details:

1. Any policies, SOPS and documented procedures and processes relating to how the privacy officer role is carried out for your organisation

**Answer: None**

2. Any policies, SOPS and documented procedures and processes relating to privacy in general

**Answer: Please see attached. Available upon request.**

3. Any policies, SOPS and documented procedures and processes relating to how your organisation monitors and checks Summary Care Record alerts

**Answer: None**

4. Is your Privacy Officer a stand alone role, or amalgamated into another role
  - a. If amalgamated please confirm which job role covers these requirements
  - b. If possible can you provide approximately how much working time is allotted to this role

**Answer: a) Corporate Governance Manager b) not possible to calculate time spent – only respond to alerts or queries which are received on an ad-hoc basis.**

**062.19**  
**Veterans**

Under the FOI Act 2000 could I ask if, your hospital routinely and under an admissions protocol records whether a patient admitted for inpatient care either as an emergency or electively ever served in the UK Armed Forces, ie is a Veteran?

**Answer: This information is not recorded**

**063.19**  
**NDA agreements**

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please send me:

***A full breakdown of the number of non-disclosure agreements issued to staff at your NHS trust. I would like this breakdown to be broken up by year and to run from 2014-2019, so displaying the exact number of NDAs per year and if possible any refusals to sign. Any added info about NDAs signed should be added - if not possible please leave out (e.g. position held by staff who signed etc. would be appreciated). I would also like this breakdown to include the total cost of the NDAs issued each year, so total cost of NDAs per year. I would also like the number of staff in the trust for each year mentioned to be indicated.***

I would like the above information to be provided to me as electronic copies (EXCEL).

If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary.

If the release of any of this information is prohibited on the grounds of breach of confidence, I ask that you supply me with copies of the confidentiality agreement and remind you that information should not be treated as confidential if such an agreement has not been signed.

I understand that you are required to respond to my request within the 20 working days after you receive this letter. I would be grateful if you could confirm in writing that you have received this request.

I look forward to hearing from you.

**Answer:**

**We do not do non-disclosure agreements – as a Trust we are not allowed to make any non-contractual payments, (for such payments you need legal advice and Treasury approval)**

**We have run the MARS Mutually Agreed Resignation Scheme, any payments made were within in the contractual terms and conditions**

**064.19****Lost or misplaced patient files**

Under the Freedom of Information Act can you please provide me with the following information. For each of the last 5 years, broken down by year, please provide a breakdown of figures relating to the following questions:

1. How many patient files and/or records have gone missing from all departments?

**Answer: This data includes notes that were unavailable at the time they were required, the notes were not lost/missing as such. It will also include incidents of missing documentation that was not filed in the main health care record.**

2014-15	2015-16	2016-17	2017-18	2018-19	Grand Total
97	147	59	69	46	418

2. How many patient files and/or records have gone missing, and subsequently found?

**Answer: This data is not recorded.**

3. How many patient files and/or records have been lost and not found over the last 5 years, broken down by year please?

**Answer: This data is not recorded.**

4. Can you please list the name of each department relating to each case of lost or missing medical records for each year in the past 5 years?

**Answer:**

Row Labels	2014-15	2015-16	2016-17	2017-18	2018-19	Grand Total
<b>HR09 - Health Records - no access to documentation</b>	<b>97</b>	<b>147</b>	<b>59</b>	<b>69</b>	<b>46</b>	<b>418</b>
<b>Access</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Accident &amp; Emergency</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>14</b>
<b>AMU (Ward 5/6)</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>
<b>AMU (Ward 5/6)</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Antenatal OPD</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Arrivals Lounge</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>4</b>
<b>Audiology</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Breast Screening</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Breast Service</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Cancer Services</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Clinical Effectiveness</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>

Clinical Measurement Unit	1	0	0	0	1	2
Community Children's Nursing	1	0	0	0	0	1
Community Matrons	0	0	0	1	0	1
Community Midwives	2	0	0	1	0	3
Dental OPD Clinic	9	7	1	4	2	23
Dermatology	0	0	1	0	0	1
Easi-Book	0	1	0	0	0	1
Endoscopy	0	0	1	0	1	2
ENT Services	0	6	0	0	0	6
Gastroenterology	0	0	0	2	1	3
General Surgery	0	0	1	0	0	1
Gynaecology	4	0	1	0	1	6
HDU (Critical Care)	0	1	0	0	0	1
Health Records	8	39	11	38	17	113
Health Visiting	1	4	1	0	1	7
Hospital	1	0	0	0	0	1
Hospital At Night Team	0	0	0	0	1	1
I C U (Intensive Care Unit)	0	0	0	0	1	1
Imaging Services	1	2	0	0	0	3
ITU	0	1	0	0	0	1
Looked after Children Team	0	1	0	0	0	1
Maternity	0	1	0	0	0	1
Midwifery Led Unit (MLU)	1	0	0	0	0	1
OPD Nursing	0	4	0	0	0	4
Ophthalmology	16	18	19	7	0	60
Oral Surgery	0	0	0	1	0	1
Other Admin Location	0	1	0	0	0	1
Outpatients	17	13	3	0	6	39
Paediatric Assessment Unit	1	0	0	0	0	1
Paediatrics Outpatients	9	3	5	5	0	22
Phlebotomy	1	0	0	0	0	1
Podiatry	0	0	1	0	0	1
Rheumatology (Sandwell SLA)	2	3	0	0	0	5
Safeguarding (Children)	0	1	0	0	0	1
School Nursing Services	0	1	0	0	0	1
Sexual Health Services	0	1	0	0	0	1
Short Stay Unit (Ward 29)	1	1	1	0	0	3
Stroke Service	0	0	0	0	2	2
Theatres	0	0	1	0	2	3
Ward 1	0	1	0	0	0	1
Ward 10	1	0	0	0	0	1
Ward 11	1	0	0	0	0	1
Ward 12	0	0	1	0	0	1
Ward 14	1	0	0	0	0	1

Ward 15	0	0	1	0	0	1
Ward 16	4	3	1	1	1	10
Ward 17	1	0	0	0	0	1
Ward 2	0	1	0	1	0	2
Ward 20B	0	3	0	0	0	3
Ward 21	0	0	0	1	0	1
Ward 23	0	2	1	0	0	3
Ward 24	0	0	0	1	0	1
Ward 25	0	2	1	0	1	4
Ward 27 - (Delivery Suite)	1	6	2	2	1	12
Ward 3	0	1	1	1	1	4
Ward 4 / Stroke Rehab Unit (SRU)	3	1	0	0	1	5
Ward 7	1	1	0	0	0	2
Ward 9	0	0	1	1	1	3
West Wing Theatres	0	2	0	0	0	2
<b>Grand Total</b>	<b>97</b>	<b>147</b>	<b>59</b>	<b>69</b>	<b>46</b>	<b>418</b>

5. Over the last five years when patients' medical files and records have been misplaced or lost, on how many occasions a) were people alerted b) not alerted and c) paid compensation to a patient/patients as a consequence – and what was the amount paid in each case? If you have done c please can you break down the amount and year d) Was the Information Commissioner involved? If so, can you tell me which year and what was the outcome?

**Answer: This data is not recorded.**

**065.19**

**Obstetric recruitment and obstetric training accreditation**

1. Please can you tell me whether you employ any non-training middle grades in your obstetric unit/s? If so, can you specify how many and which unit they are employed at?

**Answer: We currently employ 11 non-training middle grades Drs within Obstetrics & Gynaecology.**

2. Can you let me know if you currently have any obstetric vacancies for **non-training middle grades**, registrars or consultants? Has there been any difficulty recruiting either consultants or registrars or non training grades in recent years?

**Answer: x1 Specialist Registrar fixed term until August 2019**

3. Are there, or have there been in recent years, any recruitment programmes (beyond advertising) for obstetric vacancies (i.e. oversees recruitment programmes)? If so, can you specify whether these are either for non-training middle grades, registrars or consultants, and provide information on these programmes (i.e. used Agency X to



*recruit non-training middle grades from India)? If recruitment programmes have been used, how successful have they been?*

**Answer: No**

4. *Can you also let me know whether there have been any incentives in place at the Trust to attract obstetric non-training middle grades, registrars or consultants? If so I would very much like to see details of these, please.*

**Answer: No**

5. Can you let me know what deanery your obstetric unit/s come under whether obstetric Training Accreditation has been awarded either to the Trust, or to specific sites?

**Answer: We come under the remit of Health Education England (Birmingham office). We provide Advanced Training Skills Modules (ATSM) in obstetrics & gynaecology through Health Education England**

## **066.19**

### **Health Checks in Walsall**

What is your approach to improving Health Check performance?

**Answer: Promote awareness of the availability of free NHS Health Checks and work in partnership with OneYou Walsall provider, mytimeactive, to deliver free NHS Health Checks to eligible Walsall Healthcare NHS Trust staff.**

**From September 2017 – March 2018, there were 45 free NHS Health Checks delivered by mytimeactive, for our Trust staff who fit the eligibility criteria.**

What is your annual budget for Health Checks?

**Answer: Currently no funding available for Health Checks.**

How much do you pay service providers for Health Checks?

**Answer: Currently no funding available for Health Checks.**

Are Health Checks performed in the community, or purely via GP Practices? (e.g. health kiosks, occupational health, privately, etc.)

**Answer: They are delivered for eligible staff at Manor Hospital, Walsall by mytimeactive.**

Do you have certain GP Practices who do particularly well, which may skew the average on the PHOF website, or do they generally all perform well?

**Answer: N/A**

**067.19**

**Interpreting & Translation**

Under FOI legislation, I would like to ask you to kindly provide me with the below information for the Walsall Healthcare NHS Trust.

Please can you provide financial information relating to the:

- total cost of interpreting services in the last 2 years and the number of requests made

**Answer:**

<b>2017/2018</b>	<b>6629</b>	<b>£191,656.01</b>
<b>2018/2019</b>	<b>6211</b>	<b>£164,455.05</b>

- total cost of translation services in the last 2 years and the number of requests made

NIL

- total cost of BSL interpreting in the last 2 years and the number of requests made

**Answer: Cost included in figures above.**

<b>2017/2018</b>	<b>305</b>
<b>2018/2019</b>	<b>366</b>

I would also be grateful if you could provide us with information that includes:

Hourly cost of face to face interpreting services

**Answer: Exception 43 is applied due to a confidentiality clause in the contract.**

- Cost per minute of telephone interpreting services

**Answer: Exception 43 is applied due to a confidentiality clause in the contract.**

- Breakdown of the top 10 most popular languages

**Answer: Punjab, Bengali, Polish, Urdu, Romanian, Slovak, Czech, Gujarati, Hungarian, Kurdish - Sorani**

How many video interpreting sessions were made last year for all languages, including British Sign Language?

**Answer: NIL**

Can you please provide details of your current provider(s) (company name, date contract was awarded).

**Answer: Word 360**

When are your current language service contracts with your incumbent(s) due to end?

**Answer: 2021**

Please can you provide the name, job title, email address and contact number for the person(s) responsible

- for awarding any contracts relating to these services
- For managing the day to day running of the services

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Karen Dunderdale, Director of Nursing, email address; [karen.dunderdale@walsallhealthcare.nhs.uk](mailto:karen.dunderdale@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

**068.19**

**Anaesthetic Agent – Propofol**

I am writing to ask about intravenous anaesthetic agent - Propofol - used across your Trust. In particular, I would like to know the total volume of propofol used/issued PER YEAR between 2006 and 2018 by intensive care unit (ICU) and operating theatre (OT) as shown below:

- Total (annual) volume of propofol used/issued in ICU units PER YEAR for 2006-2018 (in millilitres or litres).

**Answer:**

***Data is only available from October 2016 due to an upgrade in our systems.***

**Critical Care 2016 – 22 100ml**

**Critical Care 2017 – 282 700ml**

**Critical Care 2018 – 238 700ml**

- Total (annual) volume of propofol used/issued in OT units PER YEAR for 2006-2018 (in millilitres or litres).

**Answer:**

**Theatres 2016 – 30 920ml**

**Theatres 2017 – 243 500ml**

**Theatres 2018 – 245 500ml**

If it is easier to provide another unit of measure (for example, vial), please provide **details of the products** (incl. pack size and mL per vial) so that I can calculate the volume in millilitres/litres.

**In the case of exceeding the statutory time limits as set out in the FOI Act, I am happy to receive the information for the last couple of years i.e. 2016-2018.**

*Data produced using Ascribe. HB*

**069.19**

**Neck of femur fractures and novel oral anticoagulants**

I am emailing to request you to kindly complete the attached questionnaire with regards to neck of femur fractures sustained in patients who are taking novel oral anticoagulants.

We are seeking to determine, on a national level, what NHS Trust protocols advise for the management of patients who are taking NOACs (Novel Oral Anticoagulants; e.g. apixaban, rivaroxiban, dabigatran) who sustain a neck of femur fracture which requires surgical fixation.

**Answer:**

**Freedom of Information request**

We are seeking to determine, on a national level, what NHS Trust protocols advise for the management of patients who are taking NOACs (Novel Oral Anticoagulants; e.g. apixaban, rivaroxiban, dabigatran) who sustain a neck of femur fracture which requires surgical fixation.

Do you treat patients with neck of femur fractures in your Trust? If yes please complete the questions below:

**Answer: Yes**

Does your Trust have a protocol for management of patients who sustain neck of femur (NOF) fractures and are taking a Novel Oral Anticoagulant (NOAC)?

**Answer: We are in the process of developing guidelines. Awaiting National guidance due out this year.**

May we have a copy of your Trust's protocol?

**Answer: Please see above**

How many hours does your trust advise should be the time interval between last dose of NOAC and surgical fixation of neck of femur fracture?

**Answer: 24-36 Hours**

How many patients with neck of femur fractures does your Trust treat per year?

**Answer: 365**

How many of the patients who have been treated in the last year for neck of femur fracture were taking a NOAC?

**Answer: This is not information we record routinely. We do not treat NOAC's as a reason to cancel an operation, unless the patient is clinically unstable and the NOAC is contributing to the increased risk.**

What was the average time interval between admission to hospital and time to surgery for patients who were taking NOAC who sustained a neck of femur fracture?

**Answer: This information is not recorded unless delayed for clinical reason directly relating to the Noac.**

Thank you for taking the time to complete this questionnaire.

**070.19**

**Core & Escalation beds open**

Dear sir or madam,

I would like to submit a freedom of information request for the following information:

1. How many core and escalation beds did the trust have open and occupied on the 1<sup>st</sup> May 2018?
2. How many core and escalation beds did the trust have open and occupied on the 1<sup>st</sup> May 2019?

**Answer:**

	Core beds open	Escalation beds open	Core beds occupied	Escalation beds occupied
01/05/2018	445	46	445	46
01/05/2019	511	13	509	13

**071.19**  
**Bone Graft**

Under the Freedom of Information Act, please could you answer the following questions:

1. Does your organisation use commercially available Bone Grafts such as Synthetic Bone Grafts or Demineralised Bone Matrix (DBM's) for Orthopaedic Spine, Trauma or Orthopaedic Surgery?

**Answer: Yes**

If so, how much did your organisation spend on bone grafts for the period of 01/01/2018 to 31/12/2018?

**Answer: £22,309.43**

2. If your organisation used commercially available Bone Graft between the period 01/01/2018 to 31/12/2018, which brand(s) bone graft did you use?

To make your research easier, I have listed all commonly used commercially available Bone Grafts that you can cross reference:

- Actifuse ABX
- Bio4
- Beta-bsm
- Cerament
- Chronos
- Conduit
- DBM
- DBX
- Equivabone
- FiberStack
- Genex
- Grafton
- Healos
- Hydroset
- i-factor

- Infuse
- NovaBone
- Mastergraft
- Mastergraft
- Pro-Osteon
- StaGraft
- Vitoss
- YGamma-bsm
- TriPore

**Answer: Please see the 2 tabs on the attached spreadsheet. Available upon request**

4. How many units of each brand of commercially available Bone Graft did you use?

**Answer: Please see the 2 tabs on the attached spreadsheet. Available upon request**

**072.19**

#### **Sodium Hyaluronate eye drop formulations**

Under the Freedom of Information Act, please can you answer the following questions:

1. How much did your organisation spend on Sodium Hyaluronate eye drop formulations between the period of 01/01/2018 to 31/12/2018?

**Answer:£919.04**

2. Between the period 01/01/2018 to 31/12/2018, which brand(s) of Sodium Hyaluronate eye drop formulations did you use?

**Answer: Hylo-Forte and Hylo-Tears**

To make your research easier, I have listed all commonly used brands which you can cross reference:

- Blink Intensive Tears
- Lacrifresh
- Artelac Rebalance

- Oxyal
- Xailin HA
- Optive Fusion
- Hyabak
- Hydramed
- Evolve HA
- Vismed Multi
- Clinitas Multi
- Eye Logic
- Euphrasia
- Biotrue
- Vismed Gel Multi
- Hysoothe
- Optrex Night Restore Gel
- Hy-Opti
- Hylo-Tear
- Murine Professional
- Hylo-Forte
- Hycosan Fresh
- Hylo Care
- Hycosan

3. How many units of each brand did you use?

**Answer: 92**



073/19

## Ankylosing Spondylitis



## Assessing variation in Axial Spondyloarthritis Services Freedom of Information Request Walsall Healthcare NHS Trust

May 2019

*NB Throughout this Freedom of Information request we will refer to axial SpA (AS) to cover the whole spectrum of axial spondyloarthritis including ankylosing spondylitis.*

A new All-Party Parliamentary Group (APPG) on Axial Spondyloarthritis (axial SpA), including ankylosing spondylitis (AS) has been established to help drive the implementation of important new NICE guidance in the area. To support the early work of the group, Parliamentarians have asked for a Freedom of Information (FOI) request to be circulated to all commissioners and service providers in England to better understand current axial SpA (AS) service provision and levels of variation across the country.

The questions included within this Freedom of Information request are structured around the [NICE Guideline for Spondyloarthritis](#) and supporting [Quality Standard](#). There is also one question relating to [NICE TA383](#). The development of the question set has been informed through input from leading clinicians and stakeholders in the area and has been endorsed by the co-Chairs of the APPG for Axial Spondyloarthritis, Derek Thomas MP and Lord Campbell-Savours.

**The information given will be used to map current services in the UK and to offer assistance to improve services where it is needed. Summary findings will be presented at the next meeting of the APPG in the House of Commons in July, however this is not an exercise to 'name and shame' individual organisations.**

If you are interested in working with NASS to improve your services, would like to tell us more about the services you offer, or would like to attend the July meeting of the APPG on Axial Spondyloarthritis, please email [foi@nass.co.uk](mailto:foi@nass.co.uk).

It would be great if you could provide your answers to this Freedom of Information request by using the 'SurveyMonkey' link provided: <https://www.surveymonkey.com/r/FOI-TRUST>.

If you are unable to provide answers using SurveyMonkey, could you please complete and return the attached Word document.

We would be very grateful if you were able to provide us with answers to the questions included within this Freedom of Information request within 20 working days, to help us prepare for our second APPG meeting.

For any further information on the contents of this Freedom of Information request, could you please contact [foi@nass.co.uk](mailto:foi@nass.co.uk).

Yours sincerely,

Derek Thomas MP  
Webb  
Chair  
NASS

Lord Dale Campbell-Savours  
Co-Chair

Dr Dale  
CEO,

Sent on behalf of the APPG by the National Ankylosing Spondylitis Society, 172 King Street,  
Hammersmith, London W6 0QU  
RCN: 272258

**Answer:**

### **Recognition and Referral**

1. Does your Trust have a specified pathway from primary care to secondary care for inflammatory back pain in place?

***Please select one of the following response options***

*NO*

***If you answered 'yes', please give details below of the pathway and, if applicable, arrangements in place to raise awareness in primary care***

***If any of the above response options apply to you, please provide more information on your local arrangements below***

Pt are referred on C&B directly

**Diagnosis in specialist care settings**

2. What is the average current waiting time to diagnosis for a patient referred with inflammatory back pain?

***Please select one of the following response options***

Option	Please tick here (one option only)
Less than 1 month	
1 – 2 months	
2 – 3 months	<b><i>2 to 3 months</i></b>
3 – 4 months	
4 – 5 months	

5 – 6 months	
6 – 12 months	
More than 12 months	

3. Are patients with suspected axial SpA (AS) routinely referred for a full spinal MRI?

*Please select one of the following response options*

Option	Please tick here (one option only)
Yes	Yes
No	

*If neither of the above response options apply to you, please provide more information on your local arrangements below*

**Information and Support**

4. How do you ensure patients are given information and support following their diagnosis?

*Please select whichever response options apply*

Option	Please tick here (tick all that apply)
Written information	Yes
Verbal information	Yes
Access to a helpline	Yes
Named contact in the team	
Group educational sessions	
Other (please provide details)	NASS group

### Pharmacological management of axial SpA (AS)

5. What guidance are patients with axial SpA (AS) given when deciding whether to access biologic treatment?

*Please provide details of arrangements in your local area below*

6. We have a departmental treatment pathway for this.

ng in mind the NICE anti TNF guidance for ankylosing spondylitis (TA383) states that, 'Treatment with another anti TNF is recommended for people who cannot tolerate, or whose disease has not responded to, treatment with the first TNF-alpha inhibitor, or whose disease has stopped responding after an initial response', after failure with one biologic, how many other biologics will your commissioners fund a patient with axial SpA (AS) to try, including IL 17As?

**Please select one of the following response options**

Option	Please tick here (one option only)
None	
1	
2	
3 or more	<b>3 or more</b>

**If none of the above response options apply to you, please provide more information on your local arrangements below**

## Non-pharmacological management of axial SpA

- What proportion of adults with axial SpA (AS) is referred to a specialist physiotherapist for a structured exercise programme within your local area when first diagnosed?

**Please provide details below**

**Flare management**

100 percent

- What percentage of patients with axial SpA (AS) has a written care plan to support them with a flare?

**Please provide details below**

100 percent

## Organisation of care

- Does the Trust have a dedicated axial SpA (AS) clinic?

**Please select one of the following response options**

Option	Please tick here (one option only)
Yes	
No	<b>No</b>

*If neither of the above response options applies to you, please provide more information on your local arrangements below*

**Mental health and well being**

We are keen to develop an MDT Clinic but need a Specialist Physiotherapist which is currently lacking in Walsall

10. Are axial SpA (AS) patients under the care of a rheumatologist offered access to psychological services?

*Please select one of the following response options*

Option	Please tick here (one option only)
Yes	
No	No

*If you ticked 'yes', please specify the services on offer*

**074.19**

### **Viscosupplementation injections**

Under the Freedom of Information Act, please could you answer the following questions:

1. Does your organisation use/perform Viscosupplementation injections?

**Answer: Yes**

2. If so, how much did your organisation spend on Viscosupplementation between the period of 01/01/2018 to 31/12/2018?

**Answer: £4713.22**

3. If your organisation used Viscosupplementation between the period 01/01/2018 to 31/12/2018, which brand(s) Viscosupplement did you use?

**Answer: Ostenil plus**

To make your research easier, I have listed all commonly used Viscosupplements that you can cross reference:

- Arthrum H
- Orthovisc
- Crespine Gel
- Durolane
- Euflexxa
- Fermathron
- Ostenil
- Ostenil Plus
  
- Ostenil Mini
  
- RenehaVis
- Suplasyn
- Synocrom
- Synocrom Mini
- Synolis
- Monovisc
- Synopsis
- Synvisc (Hylan GF-20)
- Synvisc One (Hylan GF-20)

4. How many units of each brand of Viscosupplement did you use?

**Answer: 56 Syringes**

**075.19**

**Glyphosate weedkiller**

Please can you tell me how much the trust has spent on glyphosate weedkiller in each financial year over the past five years? Please include the product name.

**Answer: Skanska contract exemption 43 applied. Commercial in confidence**

Please can you also tell me where on the trust' premises this product is used.

**Answer: Across the whole site where required.**

**076.19****Direct Engagement**

Please can you provide a response to the following;

1. Are you currently using Direct engagement? (DE/ VAT saving model for Locums or any other staff group)

**Answer: Yes**

2. If yes, can you confirm the name of the supplier?

**Answer: Liaison**

3. Can you confirm agreed contract start and End dates?

**Answer:**

**Start Date: 01/06/2015**

**End Date: 31/01/2020**

**077.19****Systems & Equipment**

Please send me information on the following requests:

1. Which company is your current Picture Archive and Communications System (PACS) system provider? (Image viewing and reporting system)	<b>GE Healthcare</b>
2. When was the PACS contract implemented? When will the current PACS contract end?	<b>01/07/18 – 30/06/19</b>
3. Is this a Capital and Support or Managed Service Purchase?	<b>Managed Service</b>
4. What is the annual cost?	<b>£89,049 Ex VAT</b>
5. Which company is the Radiology	<b>HSS Healthcare Systems Software</b>

Information System (RIS) provider?										
6. When was the RIS contract implemented. When will the RIS contract end?	19/5/18 – 18/5/19									
7. Is this a Capital and Support or Managed Service Purchase?	Managed Service									
8. What is the annual cost?	£38,332 Ex VAT									
9. Roughly how many reporting workstations does your department currently have? For Radiology, Cardiology, Vascular and General Ultrasound?	13									
10. Roughly how many Echo-machines are there within the Trust? And how many ultrasound machines in total?	2									
11. How many sites are these located in?	1									
12. How many echocardiograms are performed per annum?	Data available from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/</a>									
13. How many general ultrasound exams are performed per annum?	Data available from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/</a>									
14. How many Cardiac Physiologists, Echo Technicians, Sonographers, Consultant Cardiologists are employed by the Trust?	<table><tr><td colspan="2">•</td></tr><tr><th>Role</th><th>Headcount</th></tr><tr><td>Cardiac Physiologists</td><td>10</td></tr><tr><td>Echo Technicians</td><td>0</td></tr></table>		•		Role	Headcount	Cardiac Physiologists	10	Echo Technicians	0
•										
Role	Headcount									
Cardiac Physiologists	10									
Echo Technicians	0									



	Sonographers	15
	Consultant Cardiologists	5

**078.19**  
**Network and Telecoms**

See my request below:

Contract 1

1. Current Lines (Analogue, ISDN VOIP, SIP etc) Provider- Please can you provide me with the name of the supplier for the contract.

**Answer: Switchshop Ltd**

2. Fixed Line- Contract Renewal Date- please provide day, month and year (month and year are also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers

**Answer: January 2022**

3. Fixed Line- Contract Duration- the number of years the contract is for each provider

**Answer: 3 Years**

4. Type of Lines- Please can you split the type of lines per each supplier? PTSN, Analogue, SIP

**Answer: SIP**

5. Number of Lines- Please can you split the number of lines per each supplier? SIP trunks, PSN Lines, Analogue Lines

**Answer: 240**

Contract 2

6. Minutes/Landline Provider- Supplier's name (NOT Mobiles) if there is no information available please can you provide further insight into why?

**Answer: Switchshop Ltd**

7. Minutes/Landline Contract Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.

**Answer: January 2022**

8. Minutes Landline Monthly Spend- Monthly average spend for each provider. An estimate or average is acceptable.

**Answer: £600**

9. Minute's Landlines Contract Duration: the number of years the contract is with the supplier.

**Answer: 3 Years**

10. Number of Extensions- Please state the number of telephone extensions the organisation currently has. An estimate or average is acceptable.

**Answer: 3000**

Contract 3

11. Fixed Broadband Provider- Supplier's name if there is not information available please can you provide further insight into why?

**Answer: BT & Virgin Media**

12. Fixed Broadband Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers

**Answer: Various – Month by Month**

13. Fixed Broadband Annual Average Spend- Annual average spend for each broadband provider. An estimate or average is acceptable.

**Answer: £2000**

Contract 4

14. WAN Provider- please provide me with the main supplier(s) if there is no information available please can you provide further insight into why?

**Answer: Virgin Media**

15. WAN Contract Renewal Date- please provide day, month and year (month and year are also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers

**Answer: March 2022**

16. Contract Description: Please can you provide me with a brief description of the contract

**Answer: Contract for providing HSCN connectivity for 52 Sites with a range of different circuits**

17. The number of sites: Please state the number of sites the WAN covers. Approx. will do.

**Answer: 52**

18. WAN Annual Average Spend- Annual average spend for each WAN provider. An estimate or average is acceptable.

**Answer: £200k**

19. Internal Contact: please can you send me there full contact details including contact number and email and job title for all the contract above.

**Answer: The Diretor responsible for Informatics is Daren Fradgley, Director of Strategy and Transformation – 01922 721172, [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)**

**079.19**

### **Non Emergency Transport Services**

If it is useful for your internal processes please treat this correspondence as a formal request for information under the Freedom of Information Act. We appreciate that gathering this sort of information can be onerous, though we would appreciate a response within twenty working days of receipt. If this will not be possible, please let us know.

Some key points about our request:

- All the questions relate to people who have used patient transport services over from 1 April 2015 to 31 March 2019.
- All questions relate to non-urgent transport between patient's place of residence to and from

#### **Questions:**

1. How many people accessed the non-emergency patient transport (NEPTS) during the periods below?

	2015/16	2016/17	2017/18	2018/19
<b>Numbers</b>	25,911	23,640	23,782	22,205

**Answer: This is the number of journeys as patient numbers are not recorded**

2. How many people requested access to NEPTS but were refused the service?

	2015/16	2016/17	2017/18	2018/19
<b>Numbers</b>				

**Answer: Information not recorded**

3. Has there been any change in how people access NEPTS during the periods listed ?

Year	Yes	No
2015/16		No
2016/17		No
2017/18		No
2018/19		No

Have there been changes in the guidance issued to those conducting eligibility assessments?

Please send any supporting documentation regarding this or list below:

**N/A**

--

3. If yes, please tick categories affected:

	Disability	Financial Assessment / Disability Benefit	Other (please list)
<b>2015/16</b>			
<b>2016/17</b>			
<b>2017/18</b>			
<b>2018/19</b>			

**Answer: N/A**

4. How many people were reassessed for eligibility for access to non-urgent patient transport service?

	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
<b>One off assessment</b>				
<b>Annual Assessment</b>				
<b>Other</b>				

**Answer: Information not recorded**

5. What was the outcome? Information not recorded

	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
<b>An increase in eligibility</b>				
<b>A decrease in eligibility</b>				

Referral to community transport/other				
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**Answer: N/A**

**080.19  
Finance Directorate**

To whom it may concern,

I would like to make a request under the Freedom of Information Act for information relating to your organisation.

Please find below requests for information.

Could you please provide a detailed organisation chart for the Finance Directorate, confirming the **name, position** and **contact details** of the individuals within the directorate.

**Answer: Please see attached. Available upon request.**  
**Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Russell Caldicott, Finance Director , email address; russell.caldicott@walsallhealthcare.nhs.uk and telephone number is 01922 721172.**

**081.19  
IT Infrastructure 18/19**

Dear FOI Team,

Please find attached a request for your attention.

Can you update the attached spreadsheet where we ask about your trust's general IT infrastructure please?

Digital Health Intelligence continues to deliver free research access to the NHS and as part of this, we are updating our IT infrastructure data held on your organisation for financial year 18/19.

For the questions about services/products, please state whether you have the service/product or not on the spreadsheet within the attached workbook. If you do have the service/product, please write the supplier name.

We would be grateful if you could please fill out as much of the spreadsheet within the allotted time you have available.

**Answer: Please see attached. Available upon request.**

## 082.19

### Drug Treatments

Within your health trust how many patients are, within the past 6 months that you have data available, being treated with the following treatments. This is regardless for the disease being treated.

Disodium pamidronate (Aredia) – **Answer: Figures not available as some dispensing done from ward stocks, and precise patient numbers not readily available**

Ibandronic acid or ibandronate (Bondronat) – **Answer: 1**

Sodium clodronate (Bonefos, Clasteon, Loron) – **Answer: Nil**

Zoledronic acid or zoledronate (Zometa) – **Answer: Figures not available as some dispensing done from ward stocks, and precise patient numbers not readily available;**

Denosumab (Xgeva) – **Answer: 171**

Omalizumab [Xolair] – **Answer: 2**

Mepolizumab [Nucala] – **Answer: Nil**

Reslizumab [Cinqaero] – **Answer: Nil**

Benralizumab [Fasenra] – **Answer: Nil**

How many paediatric patients have been treated in the last 6 months with Xolair/omalizumab? –

**Answer: Nil**

## 083.19

### Use of temporary agency staff

Dear Walsall Healthcare NHS Trust,

How many of each of the following staff types are currently working for the organisation on a temporary (agency) basis:

- CHC Assessors
- Mental Health Practitioners
- Qualified Social Workers
- Best Interests Assessors
- Approved Mental Health Practitioners

**Answer: The Trust do not have this level of detail in our coding system to breakdown between these staffing types.**

How much did your organisation spend on temporary (agency) workers in each of the following categories in the calendar year 2018:

- CHC Assessors
- Mental Health Practitioners
- Qualified Social Workers
- Best Interests Assessors
- Approved Mental Health Practitioners

**Answer: As above**

**084.19**

**Cancer Treatments**

I have a FOI request with regards to Cancer treatment within your organisation

1 – Within your Health Trust how many patients are currently (within the past 6 months available) being treated for Non-small cell Lung Cancer (NSCLC) with the following:

Paclitaxel - **0**

Gemcitabine - **0**

Osimertinib - **0**

Carboplatin and Pemetrexed - **3**

Cisplatin and Pemetrexed - **7**

Pembrolizumab monotherapy - **7**

Pembrolizumab in combination - **1**

Atezolizumab - **3**

Nivolumab - **2**

Other active systemic anti-cancer therapy - **43**

2a – Does your Health Trust participate in any ongoing clinical trials for the treatment of Metastatic Non Small Cell Lung cancer patients ?

**Answer: No**

2b – If so how many patients are currently taking part in clinical trials / what is the name(s) of the trials ?

**Answer: N/A**

3 – Within your Health Trust how many patients are currently (within the past 6 months available) being treated for Colorectal Cancer (CRC) with the following:

Cetuximab not in combination with FOLFIRIE or FOLOX - **0**

Cetuximab in combination with FOLFIRI - **4**

Cetuximab in combination with FOLFOX - **1**

Panitumumab not in combination with FOLFIRI or FOLFOX - **0**

Panitumumab in combination with FOLFIRI - **3**

Panitumumab in combination with FOLFOX - **1**

Nivolumab - **3**

Aflibercept - **0**

Bevacizumab - **0**

Ramucirumab - **0**

Regorafenib - **0**



Sorafenib - 0

Other active systemic anti-cancer therapy (eg 5FU, CAPIRI, CAPOX, FOLFIRI, FOLFOX, Oxaliplatin, Irinotecan, Tegafur or Uracil + 5FU) - 32

3a – Does your Health Trust participate in any ongoing clinical trials for the treatment of Colorectal cancer patients ?

**Answer: Yes**

3b – If so how many patients are currently taking part in clinical trials / what is the name(s) of the trials ?

**Answer: N/A**

4 – Within your Health Trust how many patients are currently (within the past 6 months available) being treated for Head and Neck Cancer (Squamous Cell Carcinoma) ? - 0

4a – If your Trust is able to split these patients, how many are locally advanced and how many are recurrent and or metastatic Head and Neck Cancer patients ?

Locally advanced

Recurrent metastatic

Unable to split –

**Answer: N/A**

4b – Of the Head and Neck cancer patients please split by their current drug treatment (if you are unable to split by locally advanced and recurrent please state the total)

Carboplatin (only or in combination with 5-FU)

Cisplatin (only or in combination with 5-FU)

Cetuximab with / without chemotherapy

Cetuximab with radiotherapy

Pembrolizumab monotherapy

Pembrolizumab with chemotherapy

Nivolumab

Docetaxel (only or in combination with 5-FU)

Fluorouracil (5-FU)

Radiotherapy only

Other

**Answer: N/A**

4c – Does your Health Trust participate in any ongoing clinical trials for the treatment of Head and Neck cancer patients

**Answer: No**

4d – If so how many patients are currently taking part in clinical trials / what is the name(s) of the trials ?

**Answer: N/A**

5 – Within your Health Trust how many patients are currently (within the past 6 months available) being treated for Urothelial Carcinoma UCC) with the following:

Cisplatin single agent - 0

Cisplatin in combination with another agent - 3

Carboplatin single agent- 0

Carboplatin in combination with another agent - 3

Nivolumab - 0

Pembrolizumab - 0

Atezolizumab - 0

Other active systemic anti-cancer therapy - 1

5a – Does your Health Trust participate in any ongoing clinical trials for the treatment of Metastatic Urothelial Carcinoma patients ?

**Answer: No**

5b – If so how many patients are currently taking part in clinical trials / what is the name(s) of the trials ?

**Answer: N/A**

**085.19**

**CT and DEXA provision**

**Please can you answer the following questions regarding the following equipment used within the Trust?**

1. Please can you provide the following information for each piece of **CT (Computed Tomography)** imaging equipment within the Trust or associated sites? (Please complete the attached CT spreadsheet)

- a. Manufacturer
- b. Model
- c. Number of Slices per rotation
- d. Location - Hospital Name or Site Name
- e. Department equipment is primarily used in
- f. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
- g. Initial cost of Equipment
- h. Annual Maintenance cost
- i. Acquisition Date
- j. Planned Replacement Date

**Answer: Please see attached spreadsheet. Available upon request**

2. Please can you provide the following information for each **DEXA (dual-energy x-ray absorptiometry / bone densitometry)** imaging equipment within the Trust or associated sites? (Please complete the attached DEXA spreadsheet)

- a. Manufacturer
- b. Model
- c. Equipment Type
- d. Location – Hospital Name or Site Name
- e. Department equipment is primarily used in
- f. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
- g. Initial cost of Equipment
- h. Annual Maintenance cost
- i. Acquisition Date
- j. Planned Replacement Date

**Answer: This work is outsourced to New Cross NHS Trust Wolverhampton**

#### **086.19**

#### **Car parking Benchmarking**

I am writing to you to make a request under the Freedom of Information Act 2000 to request the following information from your Trust regarding Car parking Management:

1. Number of Car Parking Spaces across your Trust, broken down by:
  - a. General or Staff bays
  - b. Patient and Visitor bays
  - c. Designated Disabled (blue badge) bays
  - d. Other (such as drop-off or on-call – if not counted elsewhere)
  - e. Total number of parking spaces

This data is only required at Trust level, please do not break down to site level

2. Does the trust apply any eligibility criteria to the allocation of staff permits?
  - a. And if so what is it?
3. What staff parking charging structure does your Trust apply?
4. Do you have ANPR coverage in any of your car parks?
5. Does your Trust grant any relaxation of parking rules (e.g. staff permitted to park in patient bays out of hour hours)
  - a. If so, what rules do you apply to them?

6. How many staff do you employ?
  - a. Figure for total staff (including part timers)
  - b. Figure for WTE total.
7. What rationale/logic does your Trust apply to ERIC\* question S09\_06: Average fee charged per hour for staff parking?
  - a. We would like to know the formula used for this specific calculation, including the sums used to come to your final sum.

\*ERIC = Estates return Information Collection

**Please provide the information in the form of completing the attached excel spreadsheet, completing those cells in yellow.**

**Answer: Please see attached. Available upon request.**

**087.19**

**Bank and Agency for the admin and clerical staff group**

For the last financial year (2018-19) what was your total spend on bank and Agency for the admin and clerical staff group? (please specify total spend for bank and agency separately, if you do not have a bank for this staff group please specify agency spend only)

**Answer:**

**Agency £311k**

**Bank £1,222k**

Do you have a master or neutral vend supplier in place for admin and clerical agency?

**Answer: No master or neutral vend supplier in place. No agency bookings are made via Temporary Staffing for Admin and Clerical.**

- If you do have a master or neutral vend in place for admin and clerical, what is the name of the supplier and when does your existing contract with the supplier end?

**Answer: N/A**

**088.19**

**Locum/Agency Doctors**

Hi

1. Please could you provide me a breakdown of the locum agency doctor spend for the last financial year? Please break this down in to specialty and grades

**Answer:**

## Walsall Healthcare NHS Trust - Agency Medical Locum Spend 2018/19

Figures for spend pay, NI, pension, expenses and commission only with VAT added for standard engagement.

Specialty	Medical - Consultant / GP	Medical - Foundation Y1	Medical - Foundation Y2	Medical - Registrar ST1-2 / Core medical training	Medical - Registrar ST3 (+)	Medical - Speciality / Staff Grade Doctor	Grand Total
100 - GENERAL SURGERY	0	£395	£20,899	0	£2,441	£51,465	£75,200
110 - TRAUMA & ORTHOPAEDICS	0	0	£11,050	0	0	0	£11,050
120 - ENT	0	0	0	0	0	£27,123	£27,123
180 - ACCIDENT & EMERGENCY	0	0	£52,329	0	0	£472,741	£525,070
190 - ANAESTHETICS	£20,660	0	0	0	0	£3,284	£23,943
300 - GENERAL MEDICINE	£90,085	0	£119,679	£1,786	0	£320,520	£532,071
301 - GASTROENTEROLOGY	£520,129	0	0	0	0	0	£520,129
307 - DIABETIC MEDICINE	0	0	0	£1,256	0	£12,080	£13,336
326 - ACUTE INTERNAL MEDICINE	£27,371	0	£32,652	0	0	£7,912	£67,935
328 - STROKE MEDICINE	0	0	£4,747	0	0	£8,139	£12,886
330 - DERMATOLOGY	£50,838	0	0	0	0	0	£50,838
420 - PAEDIATRICS	0	0	£432	0	0	£1,685	£2,117
430 - GERIATRIC MEDICINE	£121,402	0	£16,666	0	0	£169,225	£307,293
501 - OBSTETRICS	£13,984	0	£10,918	0	0	£22,302	£47,203
502 - GYNAECOLOGY	£16,676	0	0	0	0	£13,385	£30,061
823 - HAEMATOLOGY	£281,869	0	0	0	0	0	£281,869
AMBULANCE - Clinical	0	0	0	0	0	£1,067	£1,067
Grand Total	£1,143,014	£395	£269,372	£3,042	£2,441	£1,110,928	£2,529,192

2. Please could you provide me a breakdown of the permanent doctor vacancies across the trust? Please break this down into specialty and grades

Answer:

<b>Medical &amp; Dental Establishment Gap FTE* by Specialism - Effective 30/04/2019</b>	<b>Trainee Grades</b>	<b>Career/Staff Grades</b>	<b>Consultants</b>
Accident & Emergency	-4.52	-1	4.5
Acute Medicine	2.8	1	1
Anaesthetics	3.6	0	2.78
Capacity	2	1	1
Cardiology	-0.96	-1	0
Dermatology	-1.2	0	0
Diabetes	0	0	0
Elderly Care	5.32	3	0.5
Emergency General Medicine	0	0	4.6
Endocrinology & Diabetes	2	0	0
Gastroenterology	2.3	-1	2
General Medicine	0	0.25	-0.6
General Surgery	2	0.5	0.3
Genito-Urinary	0	0	0
Haematology	0	0	0
Histopathology	0	0	0
Nephrology	0	0	0
Neurology	0	0	1
Obstetrics & Gynaecology	2	0.32	0.8
Oncology	0	0	-0.45
Ophthalmology	0	0	0
Orthodontics	0	0	0.1
Other	0	0	0
Otolaryngology	0	0	0
Paediatrics	-1.55	1	1.2
Palliative Care	0	0	0
Radiology	0	0	0.8
Respiratory Medicine	0.18	1	1.1
Rheumatology	0.09	0	0
Trauma & Orthopaedics	1.4	1	0
Urology	0	1.75	1
Oral Surgery	0.17	0	0
<b>Grand Total</b>	<b>15.63</b>	<b>7.82</b>	<b>21.63</b>

\* Establishment Gap information is reflective of budgeted and actual workforce figures taken from the finance ledger, effective month-end. Due to this, establishment gaps are indicative of gaps within the financial establishment, and

**importantly, not necessarily wholly related to on-going or historical recruitment campaigns.**

3. Please could you confirm how many agency locums are currently in post on long term agency contracts? In the last 6 months and year

**Answer: 10**

4. Please could you provide how much the trust have paid to agencies for introductory fees?

**Answer: Nil**

5. Please provide details of any overseas recruitment campaigns that the trust have taken part in for the recruitment of doctors?

**Answer: No campaigns**

All within the last financial year

**089.19**

**Hymen Reconstruction surgeries**

I am writing to make a request under the Freedom of Information Request.

My request relates to number of 'hymen reconstruction surgeries' offered on the NHS and the demographics of patients who receive this surgery. Could you please tell me for the last five years (Jan 14-Jan 19):

+How many surgeries were performed per year.

+What the age of the patients were

+What the cost was per year for these procedures.

+The ethnicity and religion of the patients, if information held.

+Any guidance you hold on this procedure within your organisation or notes you feel happy to share.

Please share this in either PDF or Excel format.

**Answer: The trust has not carried out at this procedure in the Time period selected based upon available clinical coding.**

**090.19**

**GP streaming in A+E departments**

Please could you provide three answers to each separate question – the first covering the time period **1<sup>st</sup> October 2016 – 30<sup>th</sup> September 2017**, the second covering the time period **1<sup>st</sup> October 2017 – 30<sup>th</sup> September 2018** and the third covering the time period **1<sup>st</sup> October 2018 – 31<sup>st</sup> March 2019**.

1. Do you have streaming in place in your A+E department? (For each of the time periods specified.)

**Answer: Yes**

If not then ignore the remaining questions. If yes, please answer the following:

2. Is the streaming service manned exclusively by GPs?

**Answer: No – the service is manned exclusively by Registered Nurses.**

3. If it is not run exclusively by GPs, what other clinical staff run the service?

**Answer: Registered Nurses**

4. If there is a mix of GPs and non-GP clinicians running the service, what is the percentage of shifts that include a GP vs shifts that do not include a GP?

**Answer: There is no mix – the service is run exclusively by Registered Nurses (100%). The Nursing staff will then refer patients to the most appropriate care venue. The Co-located Urgent Treatment Centre (which the streaming element forms part of) is GP led and has a mix of both GP's and Nursing staff. GP's are present throughout the opening hours of the service.**

5. What are the opening hours of the streaming service?

**Answer: 07.00 hrs – 00.00 hrs (Monday to Sunday – 7 day per week service).**

6. What was the overall number of patients that attended A+E?

**Answer: Please see the answers to question 6,8,9,10,11**

**Please note, for question 9 there is a significant increase from the first time period to the second. This is due to the implementation of ECDS during Nov 2017. This provides greater detail to the coding which resulted in more accurate recording of patients being redirected/referred to another service.**

**We are unable to accurately answer Q7 as not all patients that are streamed are recorded, however they will fall into the figures for question 9.**



Questions	Time Period		
	01/10/2016 - 30/09/2017	01/10/2017 - 30/09/2018	01/10/2018 - 31/03/2019
6. What was the overall number of patients that attended A&E?	74539	77408	40638
8. What was the overall number of A+E patients who were admitted to hospital?	23272	24789	12859
9. What was the overall number of A+E patients who were redirected/referred to another service?	8323	11048	6076
10. What was the overall number of A+E patients who were discharged?	42944	41571	21703
11. What % of patients spent four hours or less in A+E?	70.30%	69.57%	70.96%

7. What number of those patients were seen through the A+E streaming service?

**Answer: See above**

8. What was the overall number of A+E patients who were admitted to hospital?

**Answer: See above**

9. What was the overall number of A+E patients who were redirected/referred to another service?

**Answer; See above**

10. What was the overall number of A+E patients who were discharged?

**Answer; see above**

11. What % of patients spent four hours or less in A+E?

**Answer: See above**

**091.19**

## **Security Management**

Dear Walsall Healthcare NHS Trust,

I am writing to you under the Freedom of Information Act 2000 to request the following information from the manager responsible for Security Management within your NHS Trust:

- Job titles and responsibilities within the Organisation (for Benchmarking)
- SIA licencing status
- Professional reflection of NHS Protect ASMS/LSMS training
- What Security Management Standards are applied within your NHS Trust

- Whether your Trust utilise contracted or in-house staff
- Whether your Trust utilises Criminal Justice and Immigration Act legislation (sections 119 and 120)
- What qualifications and competencies your Security Management staff hold (anonymised)
- Utilisation of the legacy NHS Protect Self Review Tool (SRT)
- Responsibilities held by the LSMS/Security Manager of your Trust
- Professional opinion of the required learning content of a Healthcare Security Management qualification.

Please provide the information in the form of completing the relevant surveys at the following links and confirming back by email that these have been completed. **Each survey has no more than 10 short questions and will take approximately 10 minutes.**

Not all surveys are required to be completed. Survey 2 is requested to be completed as part of this FOI, however only one of the options is required to be completed by any one individual (dependant on who the Trust employs):

1.
  - a. Accredited ASMS/LSMS:
  - b. Non-Accredited Healthcare Security Managers:
  - c. Nominated Security Management Directors (SMD)s:

The request is that the following are completed:

Accredited ASMS/LSMS(s):	1a
Non-accredited Healthcare Security Managers:	1b
Nominated SMD:	1c

**Answer: Please see attached. Available upon request.**

**092.19**

**Treating patients with Aimovig [Erenumab]**

Dear Sir

Does your trust treat patients with Aimovig [Erenumab]?

**Answer: No**

If yes, how many patients have been treated in the past 12 months?

**Answer: N/A**

**093.19**

### **International Recruitment**

I am writing to make a request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please send me:

1. International recruitment budget

**Answer: £0. All International Recruitment has ceased**

2. Current vacancies across: Doctors, Nursing & Midwifery and AHP & HSS categories

**Answer:**

1. **Doctors – Figures is currently unknown as we are realigning budget lines to get a better picture of vacancies**
2. **Nurses – 98.19 FTE**
3. **AHP – 52.88 FTE**
4. **HSS – 25 FTE**
3. Current supplier(s) for international recruitment projects/general permanent recruitment

**Answer: N/A**

4. Any exclusive agreements or managed services used

**Answer: N/A**

5. Frameworks currently call off for International placements/general permanent recruitment

**Answer: N/A**

6. The average fee for a Doctor, nurse, AHS/HSS that is placed with respective rebate periods

**Answer: N/A**

**094.19**

**Biologics and Biosimilar prescribing**

I wonder if you can help with regards to a Freedom of Information request I have for Biologics and Biosimilar prescribing. Could you please provide me with following numbers of patients treated in the last 12 months (latest 12 months possible) with the following drugs for either **Rheumatology, Dermatology and Gastroenterology** departments:

**Answer:**

<b>Treatment</b>	<b>Total</b>	<b>Rheumatology</b>	<b>Dermatology</b>	<b>Gastroenterology</b>
<b>Abatacept (Orencia)</b>	<b>79</b>	<b>68</b>	<b>11</b>	<b>0</b>
<b>Adalimumab biosimilar (Amgevita)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Adalimumab biosimilar (Hulio)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Adalimumab (Humira)</b>	<b>1035</b>	<b>937</b>	<b>65</b>	<b>33</b>
<b>Adalimumab biosimilar (Hyrimoz)</b>	<b>142</b>	<b>114</b>	<b>20</b>	<b>8</b>
<b>Adalimumab bioisimilar (Imraldi)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Apremilast (Otezla)</b>	<b>49</b>	<b>39</b>	<b>3</b>	<b>7</b>
<b>Baricitinib (Olumiant)</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Brodalumab (Kyntheum)</b>	<b>17</b>	<b>12</b>	<b>1</b>	<b>4</b>
<b>Certolizumab (Cimzia)</b>	<b>106</b>	<b>88</b>	<b>16</b>	<b>2</b>
<b>Dimethyl Fumarate (Skilarence)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Etanercept (Enbrel)</b>	<b>53</b>	<b>44</b>	<b>8</b>	<b>1</b>
<b>Etanercept Biosimilar (Benepali)</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>0</b>
<b>Etanercept Biosimilar (Erelzi)</b>	<b>599</b>	<b>526</b>	<b>69</b>	<b>4</b>
<b>Golimuab (Simponi)</b>	<b>425</b>	<b>389</b>	<b>34</b>	<b>2</b>

Guselkumab (Tremfya)	4	2	1	1
Infliximab (Flixabi)	0	0	0	0
Infliximab (Inflectra)	193	188	3	2
Infliximab (Remicade)	0	0	0	0
Infliximab (Remsima)	0	0	0	0
Ixekizumab (Taltz)	31	27	1	3
Rituximab (Mabthera)	11	6	4	1
Rituximab Biosimilar (Rixathon)	106	74	32	0
Rituximab Biosimilar (Truxima)	0	0	0	0
Sarilumab (Kevzara)	7	5	2	0
Secukinumab (Cosentyx)	173	150	13	10
Tildrakizumab (Ilumetri)	0	0	0	0
Tocilizumab (Ro Actemra)	597	554	42	1
Tofacitinib (Xeljanz)	6	4	2	0
Ustekinumab (Stelara)	244	203	4	37
Vedolizumab (Entyvio)	249	246	2	1

**095.19**

**Ophthalmology-glaucoma**

Dear Sir/Madam,

I wish to make a series of separate requests under the Act. For convenience, I am including them in the same email. Please treat each as a separate request under the terms of the Act. The requests are as follows:

1) Can you please confirm the number of patients that you saw in 2016/2017, 2017/2018, and 2018/2019 for each of the following:

**Answer:**

**Total Ophthalmology monitoring/follow-up appointments**

Financial Year	Ophthalmology Follow Ups
Year 2016/17	8325
Year 2017/18	8433
Year 2018/19	8796

New glaucoma diagnosis appointments – **Answer: Our system does not break it down to this level of detail**

Routine glaucoma monitoring/follow-up appointments – **Answer: Our system does not break it down to this level of detail**

Urgent glaucoma monitoring/follow-up appointments– **Answer: Our system does not break it down to this level of detail**

2) Please confirm how many patients are currently under the care of the hospital trust for the monitoring of their glaucoma – **Answer: Our system does not break it down to this level of detail**

3) Please confirm how many of the glaucoma patients under your care are classified as:  
 Routine/Stable **Answer: Our system does not break it down to this level of detail**  
 Urgent/non- **Answer: Our system does not break it down to this level of detail**

4) Of the patients seen for glaucoma within the last 12 months, can you please confirm how many patients: – **Answer: Our system does not break it down to this level of detail**

Were seen on or within 2 weeks of their review date.

Were seen within 2-4 weeks of their review date.

Were seen within 1-3 months of their review date.

Were seen within 3-6 months of their review date.

Were seen within 6-12 months of their review date.

Were seen, but over 12 months of their review date.

Were not seen, and were over 12 months from their review date.

Were not seen, as they were not due their review appointment yet.

5) Please confirm how many glaucoma patients are currently outstanding their review appointment on the following basis: – **Answer: Our system does not break it down to this level of detail**

Currently between 0-1 month past their scheduled review date.

Currently between 1-3 months past their scheduled review date.

Current between 3-6 months past their scheduled review date.

Currently between 6-12 months past their scheduled review date.

Currently over 12 months past their scheduled review date.

Are currently past their review date, but you are not certain of how far past their review date the patient is.

6) Please confirm where you are paid by your CCG(s) on a block contract, on a tariff payment per episode basis, or on an alternative payment method for glaucoma services. If you are paid on an alternative method, please provide details.

**Answer: Paid per episode of care**

7) Please confirm the patient pathway in your trust for Glaucoma Diagnosis and Glaucoma Monitoring within your service?

**Answer: Walsall patients will be diagnosed and monitored at Walsall Manor Hospital. If patients require surgery this will be undertaken at The Royal Wolverhampton NHS Trust, following surgery their care will be transferred back to Walsall Manor.**

8) Please confirm whether this service the patient pathway in your trust for Glaucoma Diagnosis and Glaucoma Monitoring is delivered wholly by staff employed by your hospital trust, or whether this is partially or wholly delivered by another provider. If this is delivered by another provider, please also confirm: **Answer: Answer: Our system does not break it down to this level of detail**

What proportion is delivered by other providers.

Who is the provider delivering this service on your behalf?

Where is this service delivered?

What elements of the service do they deliver? Is this the diagnostics only, consultant oversight, treatment or all elements.

9) Please confirm the address of all locations that the service the patient pathway in your trust for Glaucoma Diagnosis and Glaucoma Monitoring is delivered from.

**Answer: N/A**

## **096.19**

### **Infusion therapies**

I am writing to you under the Freedom of Information Act 2000 to request the following information from Walsall Healthcare NHS Trust.

I'm interested in obtaining specific information related to the management of infusion therapies in Walsall Healthcare NHS Trust.

- 1) Can you please describe what guidelines are used in Walsall Healthcare NHS Trust to inform current infusion therapy protocols? Please attach a copy of any relevant guidelines and protocols.

**Answer: The Trust has access to the Medusa Guidelines on intravenous drug therapies – a national database which the Trust subscribes to.**

- 2) Has Walsall Healthcare NHS Trust incorporated the Royal College of Nursing "Standards for infusion therapy (Fourth Edition, 2016)" into Trust protocols?

**Answer: Yes**

- 3) Can you please confirm whether Walsall Healthcare NHS Trust has established a Vascular Access Service (VAS)? If so, please can you provide further details of the service and multidisciplinary team members and confirm whether this is a nurse led service?

**Answer: The Trust does not offer this service**

- 4) Can you please confirm what are average waiting times for each of the VAS procedures listed below for Vascular Access Services (VAS) in Walsall Healthcare NHS Trust?
- a. Medication and solution administration
  - b. Oncology and chemotherapy
  - c. Transfusion therapy
  - d. Patient-controlled analgesia
  - e. Parental nutrition
  - f. Epidural analgesia infusion
  - g. Blood sampling
  - h. Blood culture
  - i. Other infusion therapies

**Answer: N/A**

- 5) Can you confirm which groups of patients are offered access to the Vascular Access Service (VAS) in Walsall Healthcare NHS Trust.

**Answer: N/A**

- 6) Can you please provide details of all recorded complications associated with peripherally inserted central catheters (PICCs) (e.g. infections, venous thromboembolism, device failure, etc.) in each of the last three years at Walsall Healthcare NHS Trust?

**Answer: None recorded**

## **097.19**

### **Thornbury Nursing Services**

- 1) In the last 60 days how many times have your Trust utilised Thornbury Nursing Services for agency nurses?

**Answer: Once (7.5 hrs)**

- 2) Which wards or departments were these TNS requests for?



**Answer: A&E**

- 3) How many long term lines of work or block bookings are currently being supplied by off framework suppliers?

**Answer: None**

- 4) Which wards and departments are utilising off contract agencies on lines of work or block bookings?

**Answer: None**

- 5) Which off Framework suppliers are currently supplying your Trust with agency nurses?

**Answer: we only use Thornbury Nursing Services as off framework supplier**

**098.19**

**Ad hoc pension recycling arrangements**

As a result of HMRC's changes to the pensions Lifetime Allowance ('the LTA') and Annual Allowance ('the AA') many of our members have left the NHS Pensions Scheme. This results in NHS Trusts saving the employer pension contributions which they would have paid into our members' pensions had they not left the scheme. We have been made aware of some Trusts have enable such scheme leavers to receive payment of the monies which their Trust would have paid into their pension in the form of employer pension contributions as an ad hoc arrangement outside of any Trust policy. The following requests for information relate to your trust's use of monies saved from unpaid employer pension contributions in the way described above.

1. In the past five years, has your Trust offered an employee the option of retaining the employers pension contribution as an unrestricted additional payment after they have left the NHS Pension scheme(s)?

**Answer: No**

2. If "yes" to the above, were those offers made on the basis of a Trust agreed policy or on the basis of a personal arrangement?

**Answer: N/A**

3. How many employees of the Trust, having left the NHS Pension scheme(s) have been paid the employers pension contributions as an unrestricted additional payment?

**Answer: N/A**

4. What staff groups were/are those employees from?

**Answer: N/A**

**099.19**

**Never events**

Could I have the Never events for both financial years 2017/18 and 2018/19 in the obstetrics and gynaecology department.

Using the Freedom of Information Act, could I ask for a break down of what the events were please and when they happened.

**Answer: During the financial year 2017/18 There were 3 Never event cases in obstetrics and gynaecology. Please see details below:**

**In 2018/19 there were nil Never events recorded in obstetrics and gynaecology.**

Date	Description
July 2017	Epidural analgesia administered via intravenous line into peripheral cannula
November 2017	Retained swab, per vagina following assisted (forceps) delivery
March 2018	Removal of the wrong fallopian tube, following diagnosis of ectopic pregnancy

**100.19**

**Hospital-initiated appointment cancellations**

I would like to request the following information under the Freedom of Information Act. For each of the past three complete calendar years - i.e. 2016, 2017, 2018:

1. The total number of hospital-initiated outpatient appointment cancellations - i.e. cases where the hospital has cancelled the appointment

**Answer:**

Calendar Year	Hospital Cancellations
Year 2016	27624
Year 2017	25029
Year 2018	29717

2. The number of appointments that were cancelled three or more times by hospitals, five or more times by hospitals and ten or more times by hospitals.

**Answer:**

<b>Calendar Year</b>	<b>Consecutive Groups</b>	<b>Count</b>
<b>Year 2016</b>	<b>Three Or More Cancellations</b>	<b>28</b>
<b>Year 2017</b>	<b>Three Or More Cancellations</b>	<b>23</b>
	<b>Five Or More Cancellations</b>	<b>2</b>
<b>Year 2018</b>	<b>Three Or More Cancellations</b>	<b>31</b>
	<b>Five Or More Cancellations</b>	<b>2</b>

3. The number of cancellations the single most frequently hospital-cancelled appointment had and the department where this appointment was due to take place.

**Answer:**

<b>Calendar Year</b>	<b>Treatment Function Description</b>	<b>Consecutive Count</b>
<b>Year 2017</b>	<b>ORAL SURGERY</b>	<b>6</b>
<b>Year 2017</b>	<b>CLINICAL HAEMATOLOGY</b>	<b>5</b>
<b>Year 2018</b>	<b>DERMATOLOGY</b>	<b>5</b>
<b>Year 2018</b>	<b>PHYSIOTHERAPY</b>	<b>5</b>

For points 2 and 3, I'd like this information to not be limited to repeat cancellations occurring within the same year. For example, if an appointment was cancelled in November 2016, December 2016 and January 2017, this should appear in the stats for 2017 as an appointment cancelled three or more times.

## **101/19 Budgets & Performance**

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please send me:

1. Total operating budget for your organisation for the financial year 2018/19

**Answer: £251m (based on annual plan)**

2. Total operating budget for your organisation for the financial year 2019/20

**Answer: £263.5m (based on annual plan)**

3. Total stated budget for your organisation for innovation for 2018/19

**Answer: £191,702**

4. Total stated budget for your organisation for transformation for 2018/19

**Answer: £570,373**

5. Total stated budget for your organisation for innovation for 2019/20

**Answer: £195,140**

6. Total stated budget for your organisation for transformation for 2019/20

**Answer: £414,542**

7. Total head count on the payroll for your organisation as at 01 April 2018

**Answer: 3607.87**

8. Total head count on the payroll for your organisation as at 01 April 2019

**Answer: 3607.73**

9. All performance outturns against standards/targets mandated for your organisation for the entire 12 months to 31 March 2019

**Answer: Please see attached report showing performance outturns for contractual metrics for 2018/2019. Available upon request.**

**102.19**

**Fleet – vehicles, owned/leased/hired**

Hello

Please can I have the following information for vehicles currently on your fleet (used by you) and vehicles sold by you between January 2016 & April 2019.

(fleet – vehicles, owned/leased/hired) If you lease/hire vehicles then obviously you will not sell them.

Vehicle registration number

**Answer: “With regard to the registration aspect of your request, we regret to inform you that Walsall Healthcare NHS Trust takes the view that this information is exempt**

from disclosure in accordance section 31(1) (a) the prevention or detection of a crime. The Trust determines that to disclose the Trusts' fleet cars registration numbers would prejudice the Trust's ability to prevent and react to possible theft. The Trust has applied the public interest test to this request and feels that the public interest in maintaining the exemption outweighs the public interest in disclosure. In addition to the section 31(1) exemption Walsall Healthcare NHS Trust is applying sections 40 of the FOI Act: personal information and section 41(1) provided in confidence."

Vehicle Make

**Answer: Please list below**

Vehicle Model

**Answer: Please see list below**

FORD	TRANSIT 350 L3 H3 P/V DRW
FORD	TRANSIT CONNECT
RENAULT	MASTER
FORD	TRANSIT
FORD	TRANSIT
RENAULT	TRAFFIC
VAUXHALL	MOVANO
VAUXHALL	MOVANO
PEUGEOT	BOXER
VOLKSWAGEN	CADDY
FORD	TRANSIT
CITROEN	RELAY
FORD	TRANSIT
FORD	TRANSIT 350 H/R P/V
PEUGEOT	EXPERT BLUE HDI S STANDARD
MERCEDES	SPRINTER 314CDI

**PEUGEOT      BOXER BLUE  
HDI 335 L3H2  
W/V**

**FIAT            DUCATO 35  
W/V H/R  
MULTIJET II**

**103.19  
Acute stroke units**

I am sending this request under the Freedom of Information Act to ask for the following information.

The following questions relate exclusively to **acute stroke units** run by your trust. If you have more than one stroke unit within your trust, please answer each question separately for each unit and note clearly the name of the stroke unit each individual answer refers to.

1. How many stroke consultant vacancies were there in each of the following years? Please express your answer in terms of whole time equivalent.
  - 2017
  - 2018
2. What was the whole time equivalent for band 6 and 7 nurses per 10 stroke unit beds in each of the following years?
  - 2017
  - 2018
3. Did you offer a full time qualified psychologist in each of the follow years?
  - 2017
  - 2018
4. If yes, was one whole time equivalent (WTE) qualified clinical psychologist available for every 30 stroke unit beds in each of the following years?
  - 2017
  - 2018

**Answer: The Trust does not have an acute stroke unit. All stroke patients are referred to New Cross, Wolverhampton.**

**104.19  
Downs (Trisomy 21)**

I wonder if you could confirm the number of Downs (Trisomy 21) patients you have and their age breakdown,

**Answer: We have looked at any patients discharged in March, April & May 2019 with the diagnosis code for Downs syndrome recorded against their inpatient episode. Current patients are not coded until they are discharged. Due to the low numbers identified we have grouped the age ranges.**

Age in Years	Number of Patients
0-10	5
11-30	3
31-65	5

#### **105.19**

##### **Cardiac catheter laboratories**

I am writing to you under the Freedom of Information Act 2000. Could you answer the following questions please?

1. How many cardiac catheter laboratories have been conducting procedures in your Trust in the following calendar years: (i) 2016; (ii) 2017; (iii) 2018

**Answer: The Trust does not offer this service**

2. Of the operational cardiac catheter laboratories in your Trust, could you please indicate in average (i) how many days a week they are operational in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer: N/A**

3. (i) How many procedures were undertaken by all the cardiac catheter laboratories in your Trust in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer: N/A**

4. (i) How many TAVI procedures were undertaken by all the cardiac catheter laboratories in your Trust in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer: N/A**

5. (i) How many PCI/Stent procedures were undertaken by all the cardiac catheter laboratories in your Trust in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer: N/A**

6. What is (i) the average waiting time – from referral to treatment – for patients referred to a cardiac catheter laboratory for a (iii) TAVI; (iv) PCI/Stent procedure in the following calendar years: (v) 2016; (vi) 2017; (vii) 2018

**Answer: N/A**

7. What is (i) the average waiting time – from referral to treatment – for patients requiring a TAVI implant?

**Answer: N/A**

8. How many patients waiting to receive a TAVI have died in the in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer: N/A**

9. How many patients waiting to receive a PCI/Stent procedure have died in the in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer: N/A**

10. How many patients were referred to your Trust's cardiac catheter laboratories by a different Trust's cardiac catheter laboratory, rather than a GP, in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer: N/A**

**106.19**

### **Cardiac catheter laboratories**

I am writing to you under the Freedom on Information Act to request the following information:

Catheter Labs



1. Could you please outline if TAVI procedures currently conducted in your Trust's cardiac catheter laboratories are (i) currently carried out on designated (or specific) day(s) of the week; if so, (ii) please describe which days have been designated for this purpose

**Answer: The Trust does not offer a TAVI service**

2. With regards to TAVI procedures conducted in your Trust's cardiac catheter laboratories, could you please (i) describe, in average, the number of TAVI interventions per day performed in 2018's calendar year

**Answer: N/A**

3. From the pool of patients which undergo interventions in one of your Trust's cardiac catheter laboratories, could you please outline (i) their average length of hospital stay in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer N/A**

4. From the pool of patients which undergo TAVI interventions in one of your Trust's cardiac catheter laboratories, could you please outline (i) their average length of hospital stay in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer N/A**

5. From the pool of patients which undergo PCI/Stent interventions in one of your Trust's cardiac catheter laboratories, could you please outline (i) their average length of hospital stay in the following calendar years: (ii) 2016; (iii) 2017; (iv) 2018

**Answer N/**

6. Could you please outline details on your Trust's cardiac catheter laboratories (i) total number of staff; the (ii) the number and (iii) type of consultants; including (iv) their medical speciality in the following calendar years: (v) 2016; (vi) 2017; (vii) 2018

**Answer N/A**

7. In regards to the staff responsible of performing TAVI interventions in your Trust's cardiac catheter laboratories, could you please outline (i) the total number of staff; (ii) the number and (iii) type of consultants; including (iv) their medical speciality in the following calendar years: (v) 2016; (vi) 2017; (vii) 2018

**Answer N/A**

**107.19**

**Acute bowel ischemia**

1. Various incident and mortality rates for acute bowel ischemia for each year over the period 2007 - 2018 (the table to be completed is attached).

**Answer:**

From data in systems we can determine counts of folks who are coded with various things conditions or procedures – but we cant identify cause of death as that is a very specific thing recorded in death certificates.

In more specific detail:

1)We don't have data back to 2007

2)We don't have data from death certificates

We can identify primary diagnosis of and admitting or discharging episode but they won't necessarily be cause of death.

3)Deaths during a procedure – we are unable to identify that a death occurred during a procedure from data on our system.

4)Mortality Rates – incidence of deaths in general are audited by the trust but we don't produce rates.

5) Providing a rate might give a false impression that these are rates where a particular condition / procedure is cause of death, which we cant definitively state as we don't have cause of death.

6) 'death from acute bowel ischaemia following extended hemicolectomy by open/laparscopic surgery' this is recorded on the death certificate.

Below are counts as far back as we can go of patients coded with ischaemic bowel and how many of those died during that inpatient spell.

YearCalendar	Year 2009	Year 2010	Year 2011	Year 2012	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017	Year 2018
Spells	22	18	15	22	22	24	17	10	20	17
Deaths	12	13	8	14	7	7	5	2	9	7

2. An explanation of how the rates have been calculated.

**Answer: As above**

3. Details of the **formal** processes, procedures, pathways and other means of diagnosing acute bowel ischemia used by the hospital and its health professionals (including but not limited to those used by the surgical team, nurses, radiologists, intensive care)?

**Answer: There are no formal or specific informal processes. Informal processes by their very nature vary between clinicians and therefore cannot be described in general terms**

4. Details of any **informal** processes, procedures, pathways and other means of diagnosing acute bowel ischemia used by the hospital and its health professionals (including but not limited to those used by the surgical team, nurses, radiologists, intensive care)?

**Answer: As above**

## **108.19**

### **Fraud activities**

I would appreciate the answers to the following FOI questions:

1. How many people does your organisation employ?

**Answer: There are 4252 Substantive Staff currently employed by Walsall Healthcare Trust.**

2. What is the total annual expenditure budget of your organisation?

**Answer: £268m**

3. How many full-time employment staff does your organisation employ dedicated to counter fraud activities?

**Answer: Nil- All outsourced**

4. If you employ such staff, how many full-time employment staff are directly employed by your organisation?

**Answer: N/A**

5. If any of your counter fraud staff are supplied by another organisation, could you identify the name of the organisation(s) which supplies them?

**Answer: Grant Thornton**

6. Approximately how much did you spend on counter fraud activities in the last reporting year?

**Answer: £30k**

7. How many referrals for fraud investigation has your counter fraud team received in the last reporting year?

**Answer: 6**

8. How many fraud cases has your counter fraud team successfully investigated? I.e Leading to sanction and/or recovery of monies in the last reporting year.

**Answer: 0 (please note that our contract commenced from 01 November 2018 and we are unable to comment on the previous recoveries and sanctions in the period 01 April 2018 to 31 October 2018.**

**109/19**

**Community equipment (assistive equipment) procurement arrangements**

Please can you respond to the below freedom of information request:

Walsall Healthcare NHS Trust

Please supply the following information about your community equipment (assistive equipment) procurement arrangements:

1. What is the name and contact details of the commissioner responsible for the procurement of equipment.

**Answer: Can you please redirect this question to Walsall Clinical Commissioning Group (CCG) as we do not have the details.**

2. Is your equipment procured ad-hoc from a variety of suppliers?

**Answer: Variety**

2. Are there contracts in place with each of these suppliers?

**Answer: Yes**

3. Do you have a formal framework agreement in place for the procurement of equipment?

**Answer: Framework Agreement for the Supply of Wheelchairs and Associated Products - HEC-G11: NHS West Midlands SF002809**

4. How many approved suppliers on this agreement?

**Answer: <10.**

5. Who provides the framework agreement and what is its name?

**Answer: NHS Supply Chain some items of equipment.  
SBS/15/RC/GWB/8730 (local) community pressure care.**

6. When did the framework agreement commence and when is it due to come to an end?

**Answer: Community Pressure care May 2019 to end March 2020**

About your Equipment Service

7. What is the size of the population covered by your equipment service?

**Answer: Approx. 280,000**

8. How many service users currently access the service?

**Answer: 24974 live patients with equipment.**

9. What is the contract spend for equipment supplied via this route?

**Answer: £1,176,543 total contract pooled budget for all community equipment and minor adaptations, including repairs, maintenance and service.**

**110.19**

**I.T.**

Please could I kindly request the following information

- 1) Can you provide me with the names and contact details of
- i. the senior IM&T/ICT teams/managers
  - ii. the senior Facilities Director/managers

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for these departments is**

Daren Fradgley, Director of improvement & Strategy , email address;  
[daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.

- 2) Do you have a data cabling framework agreement in place/if so when is it due to expire?

**Answer: No data cabling framework agreement in place**

**111.19**

**Contract register**

Afternoon Data/FOI Officer,

I want to submit a request for some information from the organisation, in relation to their contract's register.

The contract register should display all the organisations existing/live contracts I would like the register to display the following columns/headings:

1. Contract Reference
2. Contract Title
3. Procurement Category
4. Supplier Name
5. Spend (Total or Annual)
6. Contract Duration
7. Contract Extensions
8. Contract Starting Date
9. Expiration Date
10. Contract Description [Please provide me with as much detail as possible.]
11. Contact Owner (Full contact details if possible.)
12. CPV codes/ProClass
13. Contract Reference

**IMPORTANT**

1. For those organisation planning to make an exemption, the spend information I have requested is an overall figure and I am not requesting a complete breakdown of services relating to the spend.
2. If the organisation has a CRM or Contract system or a similar system there should be a facility to download and extract contract data.
3. You may forward me a Weblink to a portal to download the contract register, please make sure all of the organisation's contracts are provided as doing prior research I have found that most organisations have only uploaded a small portion of all of their contracts.

Please do not think that this is the only information I require if you could provide me with more information that would be great.

**Answer: Please see attached spreadsheet. (Available upon request) We have applied exemption 12, cost of compliance exceeds the appropriate limit to Question 12. Due to having to manually sort through individual contracts to locate the information**

#### **Contract Data/API Contact Details**

14. Can you also provide me with contact details of the person responsible for the actual contract's register or someone responsible for API? [Name, Job Title, Telephone, Email Address] At the very least provide me with their actual job title.

*(Meaning of API "a set of functions and procedures that allow the creation of applications which access the features or data of an operating system, application, or other service.")*

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Russell Caldicot, Finance Director, email address; [russell.caldicot@walsallhealthcare.nhs.uk](mailto:russell.caldicot@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

**112.19**

#### **Cost and cost recovery of charging overseas visitors**

Dear Freedom of Information team,

I would like to request information regarding cost and cost recovery of charging overseas visitors at the trust. I would like to know a figure, possibly an estimate for the following.

1. How much money have overseas visitors managers (OVMs) at the Trust recouped from overseas visitors in the financial years 2017-18 and 2018-19?

**Answer: Figures start from October 2017**

**2017/18 = £15,949.76**

**2018/19 = £57,246.29**

2. How much was invoiced to overseas visitors in the financial years 2017-18 and 2018-19?

**Answer: Figures start from October 2017**

**2017/18 = £56,848.10**

**2018/19 = £172,551.02**

**Please note the invoiced amount has been adjusted for credit notes raised in year.**

I would also like to know how much the administration or OVM team has cost the Trust in the financial years 2017-18 and 2018-19.

**Answer: We do not have an established post that deals solely with Overseas Visitors. Processing them is incorporated within our daily business as usual.**

### **113.19 Smoking services**

#### ***Request 1:***

- Please confirm or deny if you are currently, or have been in any year since 2015-16, commissioned to provide stop smoking services
  - If confirm, please provide your allocated budget for a) this financial year (2019-20) and b) each of the previous years to 2015-16 that you have been commissioned to deliver the service
  - If deny, please confirm or deny if you have access to an on-site stop smoking service

**Answer: The Trust does not have a “Stop Smoking Service” It is currently under review and we will have one next year.**

#### ***Request 2:***

- Please confirm or deny if you have a) pharmacotherapies and b) licensed nicotine-replacement therapies on your hospital formularies
  - If confirm, please list (i) the relevant therapies included on your formularies, (ii) the first-line therapy recommended and (iii) the main form of treatment received by patients

**Answer: The Trust does not have a “Stop Smoking Service” It is currently under review and we will have one next year.**

#### ***Request 3:***



- Please confirm or deny if you have on-site shops selling a) licensed nicotine-replacement therapies, b) unlicensed quitting aids and c) e-cigarettes

***Answer: On site shop is privately run***

***Request 4:***

- Please confirm or deny if you have policies in place to implement NICE guideline PH48, *Smoking: acute, maternity and mental health services*, with regards to recommendations for:
  - a. Ensuring immediate access to stop smoking pharmacotherapies and a range of licensed nicotine-replacement therapies for patients who smoke
  - b. Ensuring the sale of stop smoking pharmacotherapies and licensed nicotine-replacement therapies in hospital shops
  - c. Ensuring care pathways deliver continuity between hospital and primary care stop smoking services (including any referral pathways)
  - d. Encouraging patients using unlicensed quitting aids to switch to licensed quitting aids
    - If confirm for any of the above, please share the current policy

**Answer:**The Trust does not have a “Stop Smoking Service” It is currently under review and we will have one next year.

***Request 5:***

- Please provide your annual budget for stop smoking support a) in total, b) on stop smoking services and c) on licensed quitting aids for (i) 2015/16, (ii) 2016/17, (iii) 2017/18, (iv) 2018/19 and (v) 2019/20

**Answer:**The Trust does not have a “Stop Smoking Service” It is currently under review and we will have one next year.

•

***Request 6:***

- Please confirm or deny if there are any requirements from your local CCG to ration treatment options for people who smoke; if confirm, please provide details

**Answer: The trust is not aware of any requirements**

**114.19**

**Adult Eating Disorders**

Dear FOI team,

Please find attached my Freedom of Information request regarding Adult Eating Disorders. The attached excel sheet should help to make filling in your response easier.

**Answer: Walsall Healthcare NHSTrust does not see adults with eating disorders, they are referred to Dudley Walsall Mental Health Trust.**

**115.19**

**Agency Nurses**

Please see below FOI request:

**The date range for the below responses is the calendar month of May 2019.**

1. Which agency filled the most nursing shifts at your Trust in the last 30 days and how many hours or shifts did they fill?

**Answer: Last Minute Healthcare 423 shifts (this includes early, late and night shifts)**

2. How many of the shifts filled by agency nurses in the last 30 days were above cap?

**Answer: 845 shifts (this includes early, late and night shifts)**

3. Which wards or departments and sites within your Trust utilised agency nurses in the last 30 days and how many shifts were booked on each?

**Answer:**

**Accident & Emergency (275 shifts)**

**ASU (113 shifts)**

**ASU Capacity - Medicine (4 shifts)**

**ASU Capacity - Surgery (9 shifts)**

**Cardiac Unit Capacity (1 shift)**

**SAU (15 shifts)**

**Stroke Rehab Unit (18 shifts)**

**Stroke Rehab Unit Capacity (32 shifts)**

**Theatre (90 shifts)**

Ward 1 (68 shifts)  
Ward 10 Capacity (38 items)  
Ward 14 (99 shifts)  
Ward 15 (28 shifts)  
Ward 16 (21 shifts)  
Ward 17 (13 shifts)  
Ward 2 (1 shift)  
Ward 20a (24 shifts)  
Ward 20b (66 shifts)  
Ward 20c Capacity (10 shifts)  
Ward 23 (5 shifts)  
Ward 23/26 Capacity (1 shift)  
Ward 29 (168 shifts)  
Ward 3 (16 shifts)  
Ward 5/6 - Acute Medical Unit (78 shifts)  
Ward 7 (13 shifts)  
Ward 9 (27 shifts)  
The above shift figures include early, late and night shifts

4. How many nursing shifts were filled by Framework agencies above the 50% NHS Improvement increased caps in the last 30 days?

**Answer: this is a repeat of question 2. 845 shifts (this includes early, late and night shifts)**

5. Please list the nursing agencies utilised in the last 30 days above the 50% increased NHS Improvement capped rates by your Trust.

**Answer: Last Minute Healthcare / Mayday / VIP Nursing / MedicsPro / Your World**

## **116.19 Hyperkalaemia Patient Safety Alert**

Dear Sir or Madam,

I am writing to request information under the Freedom of Information Act 2000. In order to assist you with this request, I am outlining my query as specifically as possible.

### **Questions for consideration**

In 2018 NHS Improvement issued a Patient Safety Alert (PSA), entitled Resources to support safe and timely management of hyperkalaemia (high level of potassium in the blood)

which outlined specific actions for NHS trusts to implement in order to improve safety for patients at risk of hyperkalaemia. The deadline for completion was 8<sup>th</sup> May 2019. NHS Improvement's recommendations were to:

- 1) Identify a senior clinician in the organisation to lead the response to the alert
- 2) Review or produce local guidance (including key steps or easy reference guides) for the management of hyperkalaemia that aligns with the evidence-based sources highlighted by NHS Improvement
- 3) Ensure that local guidance can be easily accessed by all staff including bank and agency staff
- 4) Ensure relevant guidance and resources are embedded in clinical practice by revising local training and audit
- 5) Use local communication strategies to make all staff aware that hyperkalaemia is a potentially life-threatening condition and that its timely identification, treatment and monitoring during and beyond initial treatment is essential

I would like to request information which sets out what steps the Trust has taken to implement each of the recommended actions (1 to 5) outlined in the *Management of Hyperkalaemia* PSA. Specifically, I request the following information relating to the PSA:

1. Has a senior clinician in the Trust been appointed to lead the response to this alert?

	Your response
If yes, please name the individual	Executive Lead – M Lewis

	<b>Clinical Lead – R Bavakunji / T Abdul-Samad</b>
If no, please specify the reason for the lack of appointment and anticipated timelines for an appointment to be made	-

2. Has the trust reviewed existing - or produced new - local guidance for the management of hyperkalaemia?

	<b>Your response</b>
If yes, please share the relevant guidance and provide details of any changes made during the review	<b>Guidance complete and disseminated through the governance processes.</b>  <b>Please see attached( Available upon request)</b>
If no, please specify why this has not taken place and any future plans to do so	-

3. Has the trust taken steps to ensure that local guidance can be easily accessed by all staff?

	<b>Your response</b>
If yes, please outline the specific measures taken	<b>Guidance has been disseminated through the relevant governance routes, presented at Grand Round, guidance available on local intranet, highlighted in Daily Dose.</b>
If no, please specify the reasons why not and any future plans to do so	-

4. Has the trust revised local training and audit to ensure that relevant guidance and resources are embedded in clinical practice?

	Your response
If yes, please outline the specific measures taken and signpost to updated documents	<b>Training delivered to Grand Round, Clinical teams in ED / AMU.</b> <b>Audit to be completed 6 months post alert.</b>
If no, please specify the reasons why not and any future timelines in doing so	

5. Has the trust used local communication strategies to raise staff awareness of hyperkalaemia diagnosis and treatment?

	Your response
If yes, please specify the measures taken	<b>Guidance has been disseminated through the relevant governance routes, presented at Grand Round, guidance available on local intranet, highlighted in Daily Dose.</b>
If no, please specify the reasons why and any future plans to do so	-

**117.19**

### **Linen and Laundry Contract**

I am writing to you under the Freedom of Information Act 2000 to request the following information from Walsall Healthcare NHS Trust

We would welcome a response to the following questions for all hospitals within your Trust:

1. Are your linen and laundry services outsourced? If so, who by and from which site?

**Answer: Yes – Elis from their Wednesbury, West Midlands site**

2. When does your contract with your existing linen service provider end?

**Answer: 31 July 2021**

3. Is there an option to extend the current contract?

**Answer: 2 years**

4. Is the current linen and laundry service a bulk rental, fully managed or pack to ward service?

**Answer: Fully Managed**

5. What is the weekly volume of linen pieces required by your hospital/s (linen pieces including all items on linen hire and trust owned)?

**Answer: 45,247 items**

6. What is the annual spend on linen services broken down by - rental linen, Trust owned linen, onsite distribution team?

**Answer: Total Annual Spend £645k**

7. Who is the key contact for the linen contract at your hospital(s) (name, position and email address)?

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley , Director of Strategy, email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

**118.19**

**Web Filtering**

Could I please request the following information?

<u><b>My request:</b></u>	<u><b>Your response:</b></u>
Which Web Filtering Solution do you currently have implemented at the trust?	<b>Fortinet</b>
Who was this purchased through?	<b>Switchshop</b>
How many users does your web filter support?	<b>5000</b>
How much is the current contract value and how many years does this cover?	<b>79,000 PA - 3 Years</b>
When is the Web Filtering contract due to expire?	<b>31/03/22</b>
Who is currently in charge of evaluating and renewing web filtering solutions?	<b>Infrastructure Service Manager</b>

**119.19**

**Staff social media**

1. Do you have a staff social media policy?

**Answer: Yes**

2. Do you have a policy or guidance on staff use of messaging apps, such as WhatsApp, Siilo, Forward?

**Answer: Generic guidance on using this type of social media is in the policy**

3. Does your Trust actively discourage the use of WhatsApp?

**Answer: No**

4. In the past two calendar years, have any staff been formally disciplined for the inappropriate use of messaging apps at work (ie for sharing clinical information) or for using unapproved messaging apps? If yes, how many?

**Answer: No**

5. Are you aware how many staff use WhatsApp for work-based communication with colleagues? If yes, how many?

**Answer: This information is not recorded but is used in small work groups across Trust**

6. Have you recommended or implemented a messaging platform for use across your Trust? If yes, which app or platform do you use?

**Answer: The Trust uses WhatsApp and Yammer**

**120.19**

**Food quality**

To whom it may concern,

Subject: Food complaints and Listeria

Under the Freedom of Information Act 2000, Please tell me:

1. The trust's daily cost on food per patient for the financial years:

**Answer: Cost per patient per day (cost per bed day)**

**2017 £5.06**

**2018 £4.87**

**2019 £5.01**

2: The total number of food quality complaints reported by patients and/or their families during or after their treatment at your NHS trust regarding the quality of food provided by the trust in the financial years:

**2017 Answer: 0**

**2018 Answer: 0**

**2019 Answer: 0**

2a Please detail the specific food which has received the most complaints for this financial year only.



**Answer: N/A**

3. Please provide the total number of Listeriosis cases documented which developed because of food provided to them during their treatment at your NHS trust for the financial years:

**2017 Answer: 0**

**2018 Answer: 0**

**2019 Answer: 0**

4. Please tell me the number of deaths caused by malnutrition as the underlying cause or contributing factor for the financial years:

**2017 Answer: 1**

**2018 Answer: 1**

**2019 Answer: 1**

**121/19**

**Group B Strep guidelines, patient information materials, and rates of neonatal infection**

Dear Walsall Healthcare NHS Trust,

Please would you fill in the spreadsheet

Please let me know if any questions are unclear. To assist with responding to this FOI request, we would expect questions 1-6 and 8-9 to need input from the Midwifery/Obstetrics & Gynaecology department, while questions 10-14 will likely need input from the Microbiology department.

Please provide answers to the spreadsheet linked above in an Excel format.

**Answer: Please see attached. Available upon request.**

**122.19**

**Leadership Details**

Hello,

As we are updating HSJ's database of trusts' leaders. Please could you provide us with details for the below leadership roles.

1. Confirm whether the individuals mentioned in the table are correct in their specific roles.

2. Provide details for the missing ones. In case if the position is vacant please mention so.
3. If you have a very similar role but not the exact job title, please include details of the very similar role and individual. If you don't have this role at all, please state N/A or "Don't have the job title".

**Answer:** Staff details below Director Level are withheld under Section 40 (Personal Information). Where this is applicable we have confirmed the Director responsible for the department

**Trust Name** Walsall Healthcare NHS Trust  
**Profile Type** Acute, Community  
**Organisation Code** RBK  
**Chair** Danielle Oum  
**Chief executive** Richard Beeken  
**Finance director** Russell Caldicott  
**Medical director** Dr Matthew Lewis  
**Nursing director** Dr Karen Dunderdale  
**Interim Chief operating officer** Mags Barnaby.  
**COO** is Ned Hobbs from 17th June.  
**Head of communications** Daren Fradgley Exemption 40  
**Director of HR** Catherine Griffiths  
**Director of strategy** Daren Fradgley  
**Chief pharmacist** Matthew Lewis Exemption 40  
**Head of corporate services/board secretary** Jenna Davies  
**Head of legal services** Jenna Davies Exemption 40  
**Lead director for procurement** Russell Caldicot Exemption 40  
**PA to chief executive** Exemption 40  
**Chief clinical information officer** Russell Caldicot Exemption 40  
**Director of infection control** Dr Karen Dunderdale  
**Head of estates** Daren Fradgley Exemption 40  
**Chief information officers/IT director** Daren Fradgley Exemption 40  
**Head of hotel services** N/A  
**Head of private patients** N/A  
**Head of sterile services** N/A  
**Head of facilities management** Daren Fradgley Exemption 40

**123.19**

### **Hospital Details**

### **Request for Information under Freedom of Information Act**

I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect to the Trust below, details of which can be found in this document:

**NHS Trust:** Walsall Healthcare NHS Trust

The details we require are:

- Which hospitals does Walsall Healthcare NHS Trust manage?

\*For clarity, contact details are kept in the strictest confidence. These details are used only to contact with information of legitimate interest for the relevant contracts.

**Answer: Walsall Manor Hospital**

#### **124.19 Cleaning**

Please send me:

1. What cleaning methods does the trust currently use for room & theatre disinfection

**Answer: Cleaned by in house staff and external wall washing company**

2. Does the trust employ an external cleaning company and if so who is this?

**Answer: For wall washing only - Hardimans**

3. Does the trust currently have UVC machines for decontamination? If so how many units and which supplier/manufacturer?

**Answer: No**

4. When were these purchased or rented and when are these contracts due to expire?

**Answer: N/A**

5. Are there any tenders outstanding for either UVC or Vaporised Hydrogen Peroxide (HPV) and what are their closing dates?

**Answer: Any information regarding tenders is commercially sensitive  
Exemption 43 is applied**

#### **125.19 Unlicensed cannabis**

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act.

In order to assist you with this request, I am outlining my query as specifically as possible. If however this request is too wide or too unclear, I would be grateful if you could contact me as I understand that under the act, you are required to advise and assist requesters.

I have two requests that are as follows:

- 1. Please list the unlicensed cannabis based medical products you have approved for prescription by consultants (on the General Medical Council's specialist register), in your NHS Acute (Hospital) Trust's area on an NHS prescription to their patients. ('Unlicensed' refers to the medicine not having received Market Approval in the UK by the Medicines and Healthcare products Regulatory Agency and it not being listed in Schedule 4 of the Misuse of Drugs Regulations 2001).

**Answer: The Trust has no approved medicinal cannabis products on our formulary.**

2. Please state the number of prescriptions that have been issued within your NHS Trust's area for the following cannabis based medical products since 01/11/2018:

- Nabiximols (Sativex). Product code: PL 18024/0009.
- Cannabidiol (Epidiolex). Product code: N/A.

**Answer: N/A**

**126.19**

**End of Life plan**

Hi there, I would like to submit the following FOI request:

Please provide me with

1. The percentage of patients who have died on the Trust's end-of-life care plan against the Trust's target for the number of patients who should die on this plan over the last three years, divided by the year.

**Answer:**

**The information being provided is related to Adult Deaths only who have died as inpatients during their stay at the Walsall Manor Hospital during the period of time requested.**

**Walsall Healthcare NHS Trust does not have a target for the number of patients who have died on the Trust's end-of-life care plan.**

**The percentages of patient that have died in the Acute Trust on the individualised End of Life Care Plan are as follows:**

**2016 – 19.9%**

**2017 – 22.7%**

**2018 – 10.6%**

2. The amount received by the Trust, via the Commissioning for Quality and Innovation (CQUIN) system or similar, for hitting targets related to its end-of-life care plan for the last three years, divided by the year.

**Answer: There are no CQUIN system or similar in place for hitting any targets related to the end of life care plan for the last three years.**

#### **127.19**

##### **Overseas visitor invoices over £10,000**

Please can you supply me with the following information, which I am requesting under the Freedom of Information Act.

Please detail each instance between April 2014 and March 2019 (i.e within the financial years 2014/15, 2015/16, 2016/17, 2017/18 and 2018/19) when an invoice was raised for an overseas visitor for treatment which exceeded £10,000.00. In each instance, please provide:

1. The total amount of the invoice
2. The medical speciality (or specialities) involved. e.g Maternity, renal, oncology, etc
3. The financial year in which the invoice was raised
4. The amount paid off by the patient, patient's family, friends or associates to date
5. Whether any amount from the original invoice has been written off by the Trust.  
If so, the amount written off and when (financial year) that amount or amounts were written off

**Answer: Please see table below. – No debts have been written-off by the Trust.**

If it does not breach NHS patient confidentiality rules, please can you also state for each invoice:

6. The nationality of the patient (i.e. where they were deemed to be ordinarily resident). If this is not possible please state EU / non-EU.
7. The broad age range of the patient at the time of treatment (eg under 18, 18 – 34, 35 – 60, over 60)
8. The gender of the patient

**Answer: Please see table below**

If the Trust raised no such invoices exceeding £10,000.00 during the five-year period in question, please state that in your response.

By 'overseas visitor' I mean patients defined as 'overseas visitors' under the [NHS \(Charges to Overseas Visitors\) Regulations 2015](#), or comparable former regulations.

INVOICE VALUE	MEDICAL SPECIALITY	FINANCIAL YEAR	TOTAL PAYMENTS RECEIVED TO DATE	NATIONALITY	AGE RANGE	GENDER
45,435.00	Paediatrics	2015/16	0.00	Nigerian	Under 18	MALE
31,033.44	Geriatric Medicine	2015/16	0.00	Pakistani	Over 60	MALE
10,798.00	Trauma & Orthopaedic	2017/18	10,798.00	South African	Over 60	FEMALE
21,620.34	General Surgery	2017/18	0.00	American	Over 60	MALE
10,861.00	Gastroenterology	2017/18	0.00	Polish	18 - 34	MALE
17,042.00	General Surgery	2018/19	12,000.00	Indian	Over 60	MALE
12,294.65	Respiratory Medicine	2018/19	1,024.56	Indian	Over 60	FEMALE
15,479.11	Acute Surgery	2018/19	0.00	Egyptian	Over 60	FEMALE
10,532.00	Stroke Rehabilitation	2018/19	0.00	Jamaican	Over 60	MALE
15,748.00	General Medicine	2018/19	0.00	Pakistani	Over 60	FEMALE

## 128.19

### Vision screening of 4 to 5 year olds at school entry

The purpose of this FOI request is to establish the provision of 'orthoptic-led' and/or 'non-orthoptic-led' vision screening across England.

Definition of 'Orthoptic-led':

A service that is led by a designated Orthoptist who is responsible for all aspects of delivery of vision screening to all eligible children. This includes leadership of the personnel delivering the screening, the care pathway and audit and quality assurance mechanisms. The testing of children may be either Orthoptist delivered or delivered by a vision screener trained by an orthoptist.

We would be grateful if you could please answer the following questions and their subsections (where applicable) for the financial year 2019/20 to allow us to establish current provision and support orthoptists in the future to deliver an 'orthoptic led' service.

Many thanks for providing this information, it will be extremely useful to support the objective of delivering equitable orthoptic led vision screening for ALL 4-5 year old children by mapping out

current provision. If you have any further queries, please do not hesitate to contact [jigs@liverpool.ac.uk]. We look forward to hearing from you.

#### Questions

1. How many LA and CCGs are served by your organisation for all acute, community and specialist services?

Please list them all.

**Answer: Walsall CCG, Walsall Local Authority**

2. Does your organisation provide the Orthoptic Services for the resident populations of these LAs and CCGs? Y/N

**Answer: Yes**

3. Is a vision screening service currently available in the area (by LA or CCG) served by your organisation for providing Orthoptic Services?

**Answer: Yes**

If YES – For each commissioned screening service please indicate:

a. Who commissions it - LA or CCG? **Answer: Neither - not commissioned**

b. Its compliance with the PHE service specifications i.e. Orthoptic-led and delivered with Quality Assurance and clinical audit processes (<https://www.gov.uk/government/publicatio...>)

**Answer: Unable to open the link**

i. Compliant **Answer: Yes**

ii. Not compliant

4. List the key features of each commissioned screening service :

a. Settings (e.g. school). **Answer: School**

b. Screening personnel (e.g. orthoptist, school nurse or other health professional).

**Answer: Orthoptist**

c. The onward care pathway for children who fail the vision screening.

**Answer: Referred to HES IF VA Unequal or less than 0.3 EE or local optometrist if VA is equal and less than 0.150 LOGMAR**

d. The quality assurance processes (audit) and identified clinical lead for the vision screening service.

**Answer: Referral to local Optometrists includes a return slip indicating results of refraction which can then be compared to visual acuity to confirm suitability of referral. Pathways and procedures are regularly reviewed and audited.**

**Lead for this service – Deputy Head Orthoptist**

5. Tell us how you monitor if every eligible child in the Local Authority or CCG commissioning the service has been tested (including those in private schools, or those who are home schooled).

**Answer: A complete list of reception children is collected from the school (including private schools and independent schools). A list of home0schooled children is received from the child health team (These children will be sent an appointment to attend at a health centre along with the absentees).**

6. Tell us whether a vision screening programme has been commissioned for the current financial year

**Answer: We are not commissioned and will continue to provide our Orthoptic screening service this year.**

7. If a vision screening service is not currently available, in a Local Authority or CCG served by your Organisation could you please tell us for each of these LA or CCGs – a. why it has not been commissioned?

b. whether a service is planned for the next financial year (2020/21)?

c. whether an existing service has been recently decommissioned?

**Answer: N/A**

**129.19**

**MM and other Cancers**

Dear Walsall Hospitals NHS Trust,

I am writing to you today to request the following information regarding Cancer Treatments at your organisation.

1. Does your trust treat adult multiple myeloma [MM] ? - if you refer your multiple myeloma patients to another centre, please state which.

**Answer: Yes. Patients needing transplants are referred to Queen Elizabeth hospital, Birmingham or Russells Hall Hospital, Dudley**

2. If yes, then how many MM patients, have been treated in the past 6 months with the following;

- Bortezomib [Velcade] - **14**
- Carfilzomib [Kyprolis] - **0**
- Ixazomib [Ninlaro] - **0**
- Lenalidomide [Revlimid] - **7**
- Daratumumab [Darzalex] - **1**
- Melphalan, prednisolone and thalidomide (known as MPT) - **1**
- Cyclophosphamide, thalidomide and dexamethasone (known as CTD) - **6**
- Pomalidomide [Imnovid] - **0**

2. If you are able to split by therapy line for question 2, please indicate the number of patients above being treated, 1st line and 2nd line.

**Answer: N/A**



3. Does your trust treat adult/paediatric primary immune thrombocytopenia patients [ITP] ?  
- if you refer your adult/paediatric primary immune thrombocytopenia patients to another centre, please state which.

**Answer: Yes**

5. If yes, then of the treated adult/paediatric primary immune thrombocytopenia patients, how many are on the following;

- Eltrombopag [Revolade] - **6**
- Romiplostim [Nplate] - **3**

6. At what line of treatment would you currently use a Thrombopoietin Receptor Agonist [TPO] (Eltrombopag [Revolade], Romiplostim [Nplate]) in an immune thrombocytopenia purpura [ITP] patient.

- 1st
- 2nd
- 3rd
- 4th
- Unknown

**Answer: Usually 3rd but depends upon overall clinical situation.**

7. Do you treat patients with a Thrombopoietin Receptor Agonist TPO for the following diseases?

7a. Chronic hepatitis C virus (HCV) infection for the treatment of thrombocytopenia, where the degree of thrombocytopenia is the main factor preventing the initiation or limiting the ability to maintain optimal interferon-based therapy

- Eltrombopag [Revolade]
- Romiplostim [Nplate]

**Answer: No**

7b. Acquired severe aplastic anaemia (SAA) who were either refractory to prior immunosuppressive therapy or heavily pre-treated and are unsuitable for haematopoietic stem cell transplantation

- Eltrombopag [Revolade]
- Romiplostim [Nplate]

**Answer: Very rare condition, generally referred to other centres.**

7c. Chemotherapy induced thrombocytopenia (CIT)

- Eltrombopag [Revolade] **No**
- Romiplostim [Nplate] **No**
- 7d myelodysplastic syndromes (MDS)
- Eltrombopag [Revolade] **No**
- Romiplostim [Nplate] **No**

8. Over the past 6 months [latest possible], how many chronic lymphocytic leukaemia (CLL) patients have you treated?

**Answer: 6**

9. If possible how many CLL patients treated were new to therapy in the past 3 months?

**Answer: 2**

10. How many chronic lymphocytic leukaemia patients, have been treated in the past 6 months with the following;

- Fludarabine (Fludara), cyclophosphamide (Cytosan), and rituximab (known as FCR) - **0**
- Bendamustine and rituximab (known as BR) - **11**
- Ibrutinib [Imbruvica] - **3**
- Chlorambucil - **3**
- Venetoclax - **0**
- Obinutuzumab - **2**
- Idelalisib - **0**
- Fludarabine and rituximab (known as FR) - **0**
- High-dose prednisone and rituximab - **0**
- Pentostatin (Nipent), cyclophosphamide, and rituximab (known as PCR) - **0**
- Alemtuzumab (Campath) with rituximab - **0**

**130.19**

### **Clinical Division Structure Charts**

To whom it may concern

I am writing to you under the Freedom of Information Act 2000 to request the following information.

Please could you respond with your most up-to-date Organisation Structure Chart to show the Trust's clinical divisions and management (clinical and non-clinical) including names, job titles and contact details where possible.

Should you not have an Organisation Structure Chart ready and available for 2019 please send a chart for 2018 instead.

Answer: Please see link to our internet below:

<https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/reports-and-publications/>

**131.19**

**Bullying & NDA's**

Please can you provide me with the following information – **and for each question, giving a year by year breakdown for a) 2016-17 b) 2017-18 c) 2018-19.**

- i. How many staff members at your trust have reported a) bullying b) harassment c) abuse by another staff member (if possible, please break down into i) bullying/harassment/abuse from other colleagues and ii) bullying/harassment/abuse from managers). Please detail the outcome of each report once formally investigated.

**Answer:**

Year	H&B	H&B from Colleagues	H&B from Managers	Outcome
2016 - 2017	2	Not Specified	Not Specified	Not Specified
2017 - 2018	9	Not Specified	Not Specified	Not all are specified
2018 - 2019	6	Not Specified	Not Specified	Not all are specified
		5	0	All = No formal action
		1	0	Action plan put in place mediation being arranged
		1	0	Mediation Successful
		0	1	Ongoing
		1	0	Ongoing

**2016 - 2017- There were 2 Harassment and Bullying cases raised.**

**2017 - 2018- There were 9 Harassment and Bullying cases raised.**

**2018 - 2019- There were 15 Harassment and Bullying cases raised. However 6 of these are on the old case log where reasons for harassment and bullying (e.g. colleague or manager) were not specified and some of the outcomes of these cases were not documented.**

**Unfortunately the old case log does not specify whether these harassment and bullying cases were from colleagues or managers and only a few identify an outcome.**

- ii. In how many cases were non-disclosure agreements used as part of the outcome of a formal investigation?

**Answer: None**

- iii. Do you have a stated policy on the use of non-disclosure agreements?

**Answer: No**

### **132.19**

#### **Legal fees for Employment tribunal cases**

Please can you provide me with the following information:

1. How much was spent on legal fees by your Trust on defending employment tribunal cases relating to (a) discrimination; (b) unfair dismissal and (c) public interest disclosure in each year since 2016?

**Answer:**

<b>16/17</b>	<b>£ 96,891.42</b>
<b>17/18</b>	<b>£134,073.40</b>
<b>18/19</b>	<b>£124,644.56</b>
<b>19/20 (Apr/May)</b>	<b>£ 19,675.71</b>

### **133.19**

#### **Making effective use of collaborative staff banks.**

I would appreciate the answers to the following FOI questions:

Following up on the survey that was conducted by NHS Improvement in July 2017 to find out where trusts were using local staff banks, I am writing to you under the Freedom of Information Act to understand where your trust is now in terms of the progress it has made in relation to having already established or is working towards establishing a collaborative bank across your Integrated Care System ('ICS') or Sustainability Transformation Partnership ('STP') footprint.

As stated in NHS Improvement's *Making effective use of staff banks toolkit*, published in December 2017, there is no 'one size fits all' model for collaborative banks. They can either cover a specific staff group or all staff groups. They can stretch across two trusts or as wide as an STP or region. They can be a shared digital platform or a shared back office, e.g. payroll or a hub and spoke model or a shared pool of workers or a fully integrated staff bank.

However, rather than list several questions of you, I would instead appreciate it if you would please simply confirm by means of a statement similar to those given below where your Trust is now. For example:

- **"our Trust is working collaboratively, but is looking to do so over the next few years with other trusts across the ICS or STP footprint"; or**

- ***"our Trust is working collaboratively with at least one other Trust within the STP footprint but not the footprint as a whole, sharing a digital platform and pool of workers in the following staffing categories: registered nursing & midwifery and medical & dental. We are working towards establishing a fully integrated bank over the next five years"; or***

- ***"our Trust is part of a fully integrated staff bank across our ICS or STP footprint for all staffing categories".***

**Answer:**

**For nursing, we are working alongside Royal Wolverhampton Trust towards a collaborative bank arrangement and are currently in the initial planning stages.**

**We have also participated in a meeting with other local Trusts (Sandwell and West Birmingham, Dudley Group and Royal Wolverhampton) in scoping the opportunity of a collaborative bank covering the wider areas however this has not yet developed any further.**

**134/19**

**Number of paid suspensions.**

I would appreciate the answers to the following FOI questions:

1) What is the total number of staff currently employed by the trust?

**Answer: Correct on 31 May 2019.**

	May-19
Substantive Staff FTE	3599.43
Substantive Staff Headcount	4233

2) How many members of staff were suspended on full pay in the last three years? Rather than giving a total for the years combined, please specify the number of those suspended on full pay in each 2016, 2017, 2018 and 2019 to-date.

**Answer: Information for the years 2016 and 2017 are not available due to the previous data base not being available. Please see below the answers for the years 2018 and 2019.**

**2018- 4**

**2019- 13**

3) The total cost for each year 2016, 2017, 2018 and 2019 to-date spent on paying staff while suspended. Please break this down into each year rather than a whole total.

**Answer: Information for the years 2016 and 2017 are not available due to the previous data base not being available. Please see below the answers for the years 2018 and 2019.**

**2018- £26, 884**

**2019- £327,724**

4) For each incident of suspension, please break down the following:

- The role of the person suspended (Mental health worker, doctor etc).
- Their years in service.
- Where they were working when suspended (Royal Blackburn Hospital, Ballenden House).
- Circumstances behind the suspension. (Misconduct, inappropriate sexual relationship etc).
- Date (where appropriate) of the incident which led to suspension.
- The date the individual was suspended from and to.
- How much was paid to the suspended person.
- The outcome of any suspension – both internal and external.
- Did the staff member return to a role following the suspension?

**Answer: Please see the below table.**

Role	Years in	Walsall Healthcare	Circumstances	Date of incidence	Date of suspension	Outcome	Did Staff
------	----------	--------------------	---------------	-------------------	--------------------	---------	-----------

	<b>Service</b>	<b>NHS Trust</b>					<b>member return to role</b>
Nurse	11 years	Community	Falsification of records	01/07/2018	Excluded 19.09.18	Disciplinary hearing held	No
Nurse	36 years.	Acute	Behaviour	01/07/2018	31.12.2018	Ongoing	
Admin	3 years	Acute	Behaviour	13/11/2018	14.11.2018	Disciplinary hearing held	No
Nurse	2 years	Corporate	Behaviour	11/01/2019	14.12.2018	Ongoing	
AHP	10 months	Acute	Data Breach	31/01/19	18.01.19	Ongoing	
Auxillary	4 years	Estates and Facilities	Behaviour	01/02/19	01.02.19	Ongoing	
Admin	32 years	Corporate	Serious neglect of duties	03/01/19	03.01.19	Ongoing	
Admin	22 years	Corporate	Serious neglect of duties	03/01/19	03.01.19	Ongoing	
Nurse	27 years	Acute	Misuse of drugs	08/02/19	08.02.19	Ongoing	
Nurse	19 years	Acute	Misuse of drugs	08/02/19	08.02.19	Ongoing	
Nurse	19 years	Acute	Safeguarding	20/03/19	20.03.2019	Ongoing	
Admin	11 years	Corporate	Data Breach	01/05/19	02.05.19	Ongoing	
Nurse	2 years	Acute	Serious neglect of duties	01/05/19	28.05.19	Ongoing	
Auxillary	8 years	Estates and Facilities	Behaviour	01/05/19	21.05.19	Ongoing	

AHP	24 years	OPD	Behaviour	15/02/19	15.02.19	Ongoing	
Auxillary	13 years	Estates and Facilities	Gross misconduct	01/03/2019	12.03.19	Ongoing.	

5) What was the longest suspension over the three-year period? Please include the employee's role, reason for suspension and outcome of suspension.

**Answer:**

**Over the 3 year period, the longest suspension was for 7 months.**

**Role: Nurse**

**Reason for suspension: Gross Misconduct, Documentation**

**Outcome of suspension: Disciplinary hearing held.**

6) How much was paid to that employee during that suspension?

**Answer:**

**£18,154**

8) Finally, please include the total number of staff currently suspended on full pay from the trust.

**Answer: 15**

**135/19**

**Average time - SHO, Middle Grade, Consultant**

I would appreciate the answers to the following FOI questions:

1. The average time taken to fill permanent roles advertised on NHS jobs. Please break down into grades such as SHO, Middle Grade, Consultant

**Answer:**

**SHO – 47 days**

**Middle Grade – 54 days**

**Consultant – 79 days**

**Ave. – 60 Days**



2. The average time taken to fill permanent roles via an agency. Please break down into grades such as SHO, Middle Grade, Consultant

**Answer: The Trust does not fill permanent roles via an agency**

3. What is your locum spend for the last financial year? Please break down into grades such as SHO, Middle Grade, Consultant

**Answer:**

## Walsall Healthcare NHS Trust - Agency Medical Locum Spend 2018/19

Figures for spend pay, NI, pension, expenses and commission only with VAT added for standard engagement.

Specialty	Medical - Consultant / GP	Medical - Foundation Y1	Medical - Foundation Y2	Medical - Registrar ST1-2 / Core medical training	Medical - Registrar ST3 (+)	Medical - Speciality / Staff Grade Doctor	Grand Total
100 - GENERAL SURGERY	0	£395	£20,899	0	£2,441	£51,465	£75,200
110 - TRAUMA & ORTHOPAEDICS	0	0	£11,050	0	0	0	£11,050
120 - ENT	0	0	0	0	0	£27,123	£27,123
180 - ACCIDENT & EMERGENCY	0	0	£52,329	0	0	£472,741	£525,070
190 - ANAESTHETICS	£20,660	0	0	0	0	£3,284	£23,943
300 - GENERAL MEDICINE	£90,085	0	£119,679	£1,786	0	£320,520	£532,071
301 - GASTROENTEROLOGY	£520,129	0	0	0	0	0	£520,129
307 - DIABETIC MEDICINE	0	0	0	£1,256	0	£12,080	£13,336
326 - ACUTE INTERNAL MEDICINE	£27,371	0	£32,652	0	0	£7,912	£67,935
328 - STROKE MEDICINE	0	0	£4,747	0	0	£8,139	£12,886
330 - DERMATOLOGY	£50,838	0	0	0	0	0	£50,838
420 - PAEDIATRICS	0	0	£432	0	0	£1,685	£2,117
430 - GERIATRIC MEDICINE	£121,402	0	£16,666	0	0	£169,225	£307,293
501 - OBSTETRICS	£13,984	0	£10,918	0	0	£22,302	£47,203
502 - GYNAECOLOGY	£16,676	0	0	0	0	£13,385	£30,061
823 - HAEMATOLOGY	£281,869	0	0	0	0	0	£281,869
AMBULANCE - Clinical	0	0	0	0	0	£1,067	£1,067
Grand Total	£1,143,014	£395	£269,372	£3,042	£2,441	£1,110,928	£2,529,192

4. How many total hours does your locum spend relate to in the financial year? Please break down into grades such as SHO, Middle Grade, Consultant

**Answer:**

<b>Walsall Healthcare NHS Trust</b>	
<b>2018/19 Hours</b>	
<b>NHSI Grade</b>	<b>Hours</b>
Medical - Consultant / GP	32,660
Medical - Foundation Y1	1,379
Medical - Foundation Y2	16,575
Medical - Registrar ST1-2 / Core medical training	914
Medical - Registrar ST3 (+)	520
Medical - Speciality / Staff Grade Doctor	41,583
Grand Total	93,631

5. How many permanent doctors were hired by your Trust in the last financial year? Please break down into grades such as SHO, Middle Grade, Consultant

**Answer:**

#### **New Starters**

**Medical & Dental Consultant 13**

**Medical & Dental Career Grade 5**

6. Please could you provide how much the trust have paid to agencies for introductory fees in the last financial year? Please break down into grades such as SHO, Middle Grade, Consultant

**Answer: £0**

7. What is your average retention for your permanent doctor hires in this last financial year? Please break down into grades such as SHO, Middle Grade, Consultant

**Answer:**

#### **Retention Rate %\***

**Medical & Dental Consultant 79.36%**

**Medical & Dental Career Grade 76.65%**

**\*Retention Calculation: No. Employees with 24 more months of service Now / No Employees 2 years ago (Rotational Doctors, Students, TUPE Transfers & Fixed Term colleagues are excluded from both the numerator and denominator)**

**136/19**

**Clinical benchmarking supplier**

I would appreciate the answers to the following FOI questions:

Can you provide details of your current clinical benchmarking supplier (If any) examples such as HED, Doctor Foster or CHKS?

Can you provide details of the current renewal/end date of this contract?

Who is the main point of contact for this contract and their title and contact details?

Which board member has responsibility for benchmarking?

Do you have BI solutions such as KlikView or KlikSense?

Do you use any companies to provide remote clinical coding services? If Yes,

What was the procurement method used?

How long is the contract?

Can you provide details of the current renewal/end date of this contract?

**Answer: The only benchmarking tools the Trust use are the NHSi Model Hospital and the NHS benchmarking tool.**

**NHS Benchmarking tool costs approximately £4k PA**

**137.19**

**CT Angiography scans**

I would appreciate the answers to the following FOI questions:

- 1) How many (if any) Coronary CT Angiography scans **with non-invasive FFR analysis** or **HeartFlow analysis** were performed in the financial year **2017-18?**

**Answer: None**

- 2) How many (if any) Coronary CT Angiography scans **with non-invasive FFR analysis** or **HeartFlow analysis** were performed in the financial year **2018-19?**

**Answer: None**

- 3) If this technology is available to the trust **when did it become available?**

**Answer: The Trust does not have this technology to do perform non-invasive FFR analysis or HeartFlow analysis.**

**138.19**

**Length of stay**

I would appreciate the answers to the following FOI questions:

Could I request your Trust's average length of stay for all male patients over the age of 80, admitted for at least 1 night, to your trust and discharged alive for any medical or surgical cause

**Answer: For patients discharged between 01/04/2018 and 31/03/2019, the average Length Of Stay in days was 11.82 days**

**139.19**

**Catering Service contract.**

Please can you tell me which companies the trust holds catering service contracts with, how much each contract is worth, what the company is supplying to the trust e.g. type of food/drink and how many units it is providing.

**Answer:**

**Number of Units not available as the contract data is not readily accessible:**

Company	Category	Spend
Brake Brothers	General food supplies	£89,638
Tillery valley	Cook chill	£250,633
Pujab Kitchen	Ethic food	£27,406
Midland Chilled	Frozen/chilled goods	£19,403
Bid food	General food	£7,544
Yearsly	Frozen food	£93,361

**140.19**

**Parking Fines**

I would appreciate the answers to the following FOI questions:

I want to find out how the total amount gained by the trust in parking fines over the last 12 months - from June 2018 to June 2019 broken down for each month. I would also like to know how many fines were issued for each month.

I would also like the figures for the previous 12 months from June 2017 to June 2018 to see how they compare.

**Answer: We did not ticket people from June 2017 to April 2019. Recommenced on 10 April 2019.**

Month	No. Issued	No. Open	No. Paid	Amount Paid
April	66	34	23	£625
May	262	110	97	£2,800
June	249	158	65	£1,675
Totals	577	271	185	£5,100

#### **141.19 Ultrasound**

Hi,

Please may I ask you to kindly complete the attached FOI request?

**Answer: Please see attached. Available upon request. Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & Improvement, email address is [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

#### **142.19 Waste**

I would appreciate the answers to the following FOI questions:

1. Who/What company currently handling the current waste contract.

**Answer:**

- Stericycle for Clinical Waste
- Biffa for Domestic Waste

- **Shredall for Confidential Waste**
  -
2. What the value of the contract is and the amount of waste & services that are covered by the contract. If the deal is part of a PFI scheme, please outlay this agreement and break down to how it relates to the current waste activities (please include the amount of waste, costs and contract period).

**Answer:**

- **Stericycle £214177.25 pa**
  - **Biffa £75698.30**
  - **Shredall £9448.25**
- **The agreements, break down and waste activities are comprehensive and significantly different for each contract and waste stream**
3. All responsibilities of the company who takes the waste, for example: providing operatives on site, providing bins, providing extra services alongside waste disposal & collection.

**Answer: Bins provided**

4. The start and end date of the contract & any extensions that could be applied.

**Answer:**

- **Stericycle 01/04/19 5 years + 2**
  - **Biffa Monthly rolling contract**
  - **Shredall Monthly rolling contract**
5. Where the waste is disposed

**Answer: Contractors responsibility**

6. Who are the people involved in appointing/renewing the contract & their contact details

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy and Improvement, email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

7. What sites you have covered by this agreement

**Answer: Walsall Manor Hospital**

8. What are the trust's responsibilities under this contract/agreement

**Answer: Comprehensive and significantly different for each contract and waste stream. If you would like to refine your question we may be able to help.**

#### **143.19**

##### **Stroke Unit**

Please provide a list of the hospitals within the remit of Walsall Healthcare NHS Trust which have a Specialist Stroke Unit (by which we mean a stroke unit with a 24 hours a day/7 days a week available team with access to a scanner and operator capable of triage for thrombotic / hemorrhagic stroke identification and location, presence of readily available infusion products and neurologist on call and follow up care).

In respect of each Specialist Stroke Unit on the list that you provide, please include:

1. The address of the Stroke Unit;
2. Their emergency telephone number (or, where there is no such number available, a telephone number for the hospital switchboard on which the relevant Stroke Unit may be contacted); and
3. If the capability to use surgical techniques to remove some thromboses via catheter is available in the relevant Specialist Stroke Unit (or if only available in certain more specialised stroke units please identify the units where such techniques are available).

**Answer: The Trust no longer has a stroke unit, all our patients go to Wolverhampton New Cross Hospital**

#### **144.19**

##### **Telephone system maintenance contract.**

I would appreciate the answers to the following FOI questions:

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)
2. Existing Supplier: If there is more than one supplier please split each contract up individually.

3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider
4. Hardware Brand: The primary hardware brand of the organisation's telephone system.
5. Number of telephone users:
6. Contract Duration: please include any extension periods.
7. Contract Expiry Date: Please provide me with the day/month/year.
8. Contract Review Date: Please provide me with the day/month/year.
9. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.
10. Telephone System Type: PBX, VOIP, Lync etc
11. Contract Description: Please provide me with a brief description of the overall service provided under this contract.
12. Go to Market: How where these services procured, please provide me with either the tender notice or the framework reference number. Please specify if procured through other routes.
13. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.

If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider?

If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible.

**Answer: This information is commercial in confidence**

**145.19**

**Listeria**

I would appreciate the answers to the following FOI questions:

1. How many cases of listeria infection have been identified within your trust?

**Answer: None recorded in last three years**

2. How many patients have been infected with listeria while under the care of your hospital trust this year? 2019

**Answer: As above**

3. Have any patients died as a result of contracting listeria while under the care of your hospital trust? If yes, please specify date of death.

**Answer: As above**



4. When did you start using The Good Food Chain to cater for people within your trust? Please specify date and year.

**Answer: 18/12/2012**

5. How much of your monetary budget is set aside to fund The Good Food Chain?

**Answer: Circa £90k**

6. When does your contract with The Good Food Chain end?

**Answer: 05/06/2019**

**146/19**

**Breast Cancer**

*I wish to make a series of separate requests under the Freedom of Information Act. For convenience, I am including them in the same email. Please treat each as a separate request under the terms of the Act, although please do respond in one correspondence if convenient. The requests are as follows:*

Request 1

Please confirm or deny if Walsall Healthcare NHS Trust holds information on the number of people diagnosed in Walsall Healthcare NHS Trust with early breast cancer in each year from 2013 to 2018.

If confirm, please release this data.

**Answer; Confirm this information is held. Not keep by BCN, available on SCR attached. Available upon request.**

Request 2

Please confirm or deny if Walsall Healthcare NHS Trust holds information on the number of people diagnosed in Walsall Healthcare NHS Trust with early breast cancer that were offered tumour profiling tests to guide adjuvant chemotherapy decisions, in each year from 2013 to 2018.

If confirm, please release this data.

**Answer: Request 2- Confirm information is held. Oncotype database attached. Available upon request**

Request 3

Please confirm or deny if Walsall Healthcare NHS Trust holds information on the number of people diagnosed in Walsall Healthcare NHS Trust with early breast cancer that were tested with tumour profiling tests to guide adjuvant chemotherapy decisions, in each year from 2013 to 2018

If confirm, please release this data.

**Answer: Confirm information is held. Please see attached. Available upon request.**

#### Request 4

Please confirm or deny if Walsall Healthcare NHS Trust holds information on the number of people diagnosed in Walsall Healthcare NHS Trust with oestrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative and lymph node (LN)-negative (including micrometastatic disease) early breast cancer in each year from 2013 to 2018.

If confirm, please release this data.

**Answer: Confirm information is held. Not kept by BCN, histology information required from Sandwell/City, breast screening service at sandwell would have this information.**

#### Request 5

Please confirm or deny if Walsall Healthcare NHS Trust holds information on the numbers of people diagnosed in Walsall Healthcare NHS Trust with oestrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative and lymph node (LN)-negative (including micrometastatic disease) early breast cancer that were offered tumour profiling tests to guide adjuvant chemotherapy decisions in each year from 2013 to 2018.

If confirm, please release this data.

**Answer: Confirm information is held. Not kept by BCN, histology information required from Sandwell/City, breast screening service at sandwell would have this information.**

#### Request 6

Please confirm or deny if Walsall Healthcare NHS Trust holds information on the number of people diagnosed in Walsall Healthcare NHS Trust with oestrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative and lymph node (LN)-negative (including micrometastatic disease) early breast cancer that were tested with tumour profiling tests to guide adjuvant chemotherapy decisions in each year from 2013 to 2018.

If confirm, please release this data.

**Answer: As above**

**147.19**  
**DNAR**

Hi there, I would like to submit the following FOI request.

Please list the number of people between 2011 and 2018 to have died in your hospitals after being placed on end-of-life care which resulted in a DNAR order being introduced. Please break down the figures year by year.

**Answer: See below**

Please list the number of DNAR orders issued by your hospitals each year between 2011 and 2018. Please break down the figures year by year.

**Answer: We cannot identify from coding patients who have a DNAR notice- that is something that would be recorded in the notes and would take an excessive time to produce. .**

**We can identify inpatients who happen to be on our end of life pathway care using coding .**

**Looking at calendar years we see the values below**

**YearCalendar EOL coding**

<b>Year 2011</b>	<b>172</b>
<b>Year 2012</b>	<b>541</b>
<b>Year 2013</b>	<b>388</b>
<b>Year 2014</b>	<b>10</b>
<b>Year 2015</b>	<b>104</b>
<b>Year 2016</b>	<b>558</b>
<b>Year 2017</b>	<b>712</b>
<b>Year 2018</b>	<b>501</b>

**The drop in those coded in 2014 may have been due to the trust phasing over from Liverpool care pathway to the current pathway that we use**

Please list the number of complaints your hospitals have received over the introduction of DNAR orders between 2011 and 2018. Please break down the figures year by year. Please provide as much detail as possible on what was being complained about.

**Answer: Please see attached. Available upon request. Data is only available from 2012. Data from 2011 is not available.**

**148.19**

### **Bariatric equipment**

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000 for use in a market study I am working on. Please send me data on your Trust's spend (in GBP) on specialist bariatric equipment (eg bariatric beds, seating, wheelchairs, hoists and scale systems) split by spend type and year:

- Capital expenditure vs rentals/leases
- Financial years 14/15, 15/16, 16/17, 17/18, 18/19

**I would like the above information to be provided to me in electronic form, preferably as a Microsoft Excel file.**

If this request is too wide or unclear, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary

**Answer:**

### **CAPITAL**

### **EXPENDITURE**

**FINANCIAL YEAR      AMOUNT**

<b>14/15</b>	<b>0.00-</b>
<b>15/16</b>	<b>0.00</b>
<b>16/17</b>	<b>0.00-</b>
<b>17/18</b>	<b>33,048.78</b>
<b>18/19</b>	<b>0.00-</b>

<b>Rental spend</b>		
<b>Bariatric beds and mattresses</b>	<b>2018/19</b>	<b>£11,176</b>

**Exemption 12 is applied. Rental information for previous years would entail a manual trawl of paper records.**

**149.19**

**Physician associates**

I would like to ask the following questions under the terms of the Freedom of Information Act

- 1) Does the Trust employ physician associates?

**Answer: Yes**

- 2) If the Trust employs physician associates, please answer the following questions:

- a) Does your Trust use an electronic prescribing system or paper based drug charts?

**Answer: Paper drug charts**

- b) Are physician associates allowed to propose medications on the electronic system, to be approved by a prescriber?

**Answer: N/A**

- c) Are physician associates allowed to transcribe patient medications onto drug charts or electronic prescribing systems, for authorisation by a prescriber?

**Answer: Yes**

- d) Are physician associates allowed to write or sign discharge letters?

**Answer: No**

**150.19**

**Pathology IT systems**

Please see below the following questions, made as a Freedom of Information request. Please also be assured this is NOT a commercial request and will not be used in any commercial manner whatsoever.

These queries are likely best responded to by a dedicated Pathology IT Lead or operational manager.

1. Does your Trust have a single EPR system currently in use (as of 20/06/2019)?

**Answer: No**

- If 'Yes', what system is this, and is there a Pathology module actively in use or does the LIMS have an automated information feed into the EPR?

- If 'No', are there agreed plans to begin implementation of an EPR in your Trust within the next 3 years?

**Answer: Yes**

2. What LIMS (Supplier/Vendor, version number) is currently (as of 20/06/2019) in-use across all disciplines managed within Pathology (such as but not limited to Microbiology, Blood Sciences, Cellular Pathology, Mortuary)?

**Answer: CliniSys Winpath v5**

3. When was the hardware for the server of this LIMS last refreshed?

**Answer: We are fully virtualised**

4. When was a disaster recovery exercise of the LIMS/EPR last performed (month/year)?

**Answer: We have monthly restore schedule , full DR exercise not done**

5. Does your current LIMS have inbuilt business intelligence software tools, such as SQL reporting?

**Answer: No**

- If 'Yes', what is this tool and is it made available Trust/network wide or access limited to dedicated Pathology users?

6. Is your Trust currently part of a Pathology network?

**Answer: Yes, Black country Pathology Service (BCPS)**

- If 'Yes', what LIMS are currently (as of 20/06/2019) in use within the networked laboratory sites? Has a formal process begun of selecting a single LIMS provider for your network? If this process has reached tender award stage / implementation, which LIMS has been chosen and what year is currently targeted for the 'go-live' of the system? CliniSys WinPath V5 is installed in Walsall.

**Answer: Partner Trusts have awarded to CliniSys to deliver Winpath Enterprise across the network, stage 1 go live is in September 2019 with other disciplines going live early next year**

- If 'No', has a process begun of selecting a new LIMS provider for your Trust? If this process has reached tender award stage / implementation, which LIMS has been chosen and what year is currently targeted for the 'go-live' of the system?

**Answer: Clinisys Enterprise – Shared service with RWHT**

7. Does your Trust use electronic requesting and reporting in secondary care?

**Answer: Yes**

- If 'Yes', what systems (as of 20/06/2019) are currently in use?

**Answer: ICE Sunquest**

8. Does your Trust use electronic requesting and reporting in primary/tertiary care?

**Answer: ICE Sunquest Requesting only, reporting is via Fusion**

- If 'Yes', what systems (as of 20/06/2019) are currently in use?

**Answer: As above**

9. Do you currently use nPex or other 3rd party software for exporting / importing results and requests between either network partners or external reference laboratories?

**Answer: Yes**

- If 'Yes', could you provide details of which Pathology disciplines use this software, and who their primary reference / network laboratory is for this communication link.

**Answer: Immunology + chemistry, our primary partner is Dudley**

10. Does administration of Pathology specific software (such as LIMS, document control, stock databases, middleware) lie within a dedicated Pathology IT team or a Trust-wide IT team?

**Answer: Both IT and Pathology**

11. Does administration of Pathology specific hardware lie (such as shared network storage, report printers, dedicated servers) within a dedicated Pathology IT team or a Trust-wide IT team?

**Answer: Yes**

12. Does your Pathology department have a formal service level agreement or equivalent with your Trust/Network IT department with stated roles and responsibilities for IT maintenance and project development?

**Answer: Yes**

13. If your Pathology IT has a dedicated team, how many WTE are assigned to this team?

**Answer: 2**

**151.19**

## Acute service suspensions

To Whom it may concern,

Under the Freedom of Information Act 2000, Please can you tell me on the subject of service suspensions;

1) How many of your acute services or units (if any) had to be suspended or closed to new admissions in 2016, 2017 & 2018? Please name the service/unit.

2) What was the duration of each suspension/closure?

3) What was the reason for each suspension/closure?

**Answer: Please see below. We only capture data where admissions were suspended due to infection in the area. Figures only include full ward restrictions**

**Jan – March 2016 - none**

**April 2016-march 2017**

Ward	Date closed	reason	Total number of days closed
3	16.4.16	norovirus	17
12	25.5.16	norovirus	5
4	11.6.16	norovirus	5
15	4.7.16	norovirus	12
3	28.7.16	norovirus	1
16	5.12.16	norovirus	12
4	22.12.16	norovirus	14
15	29.12.16	norovirus	9
4	15.01.17	norovirus	23
2	14.3.17	norovirus	1



**April 2017 – March 2018**

<b>Ward</b>	<b>Date closed</b>	<b>reason</b>	<b>Total number of days closed</b>
7	18 <sup>th</sup> April 17	norovirus	9
7	5 <sup>th</sup> Dec 17	norovirus	5
15	8 <sup>th</sup> Dec 17	norovirus	16
2	15 <sup>th</sup> Dec 17	norovirus	9
2	15 <sup>th</sup> March 18	norovirus	19
3	20 <sup>th</sup> March 18	norovirus	18
17	25 <sup>th</sup> March 18	norovirus	6
14	26 <sup>th</sup> March 18	norovirus	13
7	28 <sup>th</sup> March 18	norovirus	6
Ward 17	25.8.17	Multidrug resistant investigation	6
Ward 2	25.8.17	Multidrug resistant investigation	5

**April – Dec 2018 - None**

**152/19**  
**Community Equipment Service**

**Answer**

Name of Community Equipment Service:

Integrated Community Equipment Service, Walsall HealthCare NHS Trust

1. What is the population size and geographical area served by your Community Equipment Service?

280,000 approx

2. How many registered patients do you currently have with equipment on issue?

24974 approx for community loans equipment service

3. How much did you spend on pressure care items for community equipment from:

- Beginning April 2018 – end March 2019? £153,400
- Beginning April 2017 – end March 2018? £136,400
- Beginning April 2016 – end March 2017? £106,194

The above figures are for community patients issued from community loan service

4. How many community acquired grade 3 and 4 pressure ulcers were recorded within your area for the period:

- Beginning April 2018 – end March 2019?
- Beginning April 2017 – end March 2018?
- Beginning April 2016 – end March 2017?

5. How many community acquired grade 2 pressure ulcers were recorded within your area for the period:

- Beginning April 2018 – end March 2019?
- Beginning April 2017 – end March 2018?
- Beginning April 2016 – end March 2017?

6. What pressure care equipment do you offer within your core stock?

EG: Static mattress, air flow mattress, static pressure cushion, air pressure cushions, flexi gel pads, heel boots etc

And how many on average do you issue of each per month?

**AVERAGE OF ITEMS ISSUED PER MONTH BY COMMUNITY SERVICES**

Foam Cushion	20
Gel Cushion	97
Dynamic Cushion	4
Foam Overlay	18
High Risk Static Mattress	63
Dynamic Air Overlay	8
Dynamic Air Mattress	55

7. Please can you share any guidance / clinical criteria used by clinicians when selecting which pressure area care equipment to issue?

Please see attached. Available upon request

**153.19**

**Missed Outpatients appointments**

Please could you provide answers to each separate question covering the following time periods:

The first covering the time period **1<sup>st</sup> January 2015 – 31<sup>st</sup> December 2015;**

The second covering the time period **1<sup>st</sup> January 2016 – 31<sup>st</sup> December 2016;**

The third covering the time period **1<sup>st</sup> January 2017 – 31<sup>st</sup> December 2017;**

and the fourth covering the time period **1<sup>st</sup> January 2018 – 31<sup>st</sup> December 2018.**

1. How many patients missed outpatient appointments in each time period?

**Answer:**

**2015 52160**

**2016 49867**

**2017 45999**

**2018 40582**

2. For each of the time periods, how many patients that missed their outpatient appointment did the trust discharge from follow-up?

**Answer:**

**2015 27655**

**2016 29798**

**2017 25061**

**2018 23060**

3. What is the trust's policy on re-referrals when a patient does not attend an outpatient appointment? Please provide all relevant documents.

**Answer: The trust applies the national guidance. All patients should have a clinical harm review if they fail to attend. It is then a decision for the clinician as to whether the patient is to be offered a further appointment or discharged based on the review. Safe guarding processes are also applied for vulnerable patients.**

**If patients are discharged, they will require a new referral request to the service in order to be seen again.**

**Please see attached Patient Access Policy. Available upon request.**

## 154.19 Paper Records

To whom it may concern,

I would be very much obliged if you could please answer the following questions:

1. Does your Trust use pen and paper to build patient records? If so, in which departments?

**Answer: Yes. Paper records are still used in all departments and wards when recording patient activity.**

2. Does your Trust use analogue tape dictation to record patient encounters? If so, in which departments

**Answer: No**

3. Who in the Trust is responsible for digitising paper records?

**Answer: The main health care record is not currently being digitised. Some subsidiary records that are not contained within the main health care record have been scanned. Responsibility for the digitising of these records is the Care Group Manager or Service Lead for these areas.**

## 155.19 Podiatry

As per The Freedom of Information Act, please can I have a copy of your Podiatry/Foot Health Service Specification, Eligibility criteria and list/signposting documents of recommended services for those who do not qualify.

**Answer: We advise patients who do not meet our service specification to see an HCPC registered podiatrist**

# SCHEDULE 2 – THE SERVICES

## A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement  
Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	Final version 070915
<b>Service</b>	Specialist Podiatry Specification

<b>Commissioner Lead</b>	
<b>Provider Lead</b>	Walsall Healthcare NHS Trust
<b>Period</b>	
<b>Date of Review</b>	

## 1. Population Needs

### 1.1 National/local context and evidence base

The evidence for the service is based on the following information. The findings will be used within the service to influence practice and to inform future commissioning decisions:

1. Research - national and local, quantitative and qualitative, piloting new ways of working
2. Service evaluation – including financial, activity and service user experience data
3. Audit - to compare the delivery of care against the agreed standards and targets
4. National and local clinical guidelines
5. Management reports

Foot health has a fundamental link to the health, independence and wellbeing of individuals and, therefore, the economy. Infection, ulceration, amputation and disabling foot pain have a significant impact on mobility, independence, quality of life and a person's ability to work or care for others. Research suggests that foot problems such as the presence of a corn, bunion or poor footwear are significant risk factors for falls, all of which can be moderated with podiatric interventions.

The podiatry service is commissioned by Walsall CCG to serve the population of people registered with a General Practitioner (GP) in Walsall. In any given population between 50-91% of people will have problems with their feet within their lifetime with evidence showing that 80% of older people have foot related problems. In an ageing society the prevalence of chronic foot problems and more serious foot pathologies is set to rise significantly. Within Walsall it is projected that there will be 6,600 people aged 85 and older by 2015. The number of people aged over 65 unable to manage at least one domestic task by 2015 is projected to be 17,304.

Using national figures we can estimate that between 3,500 and 7,000 diabetic service users are neuropathic, 350 to 875 have ulcerated feet and between 3,325 and 5,075 have peripheral vascular disease.

In Podiatry we regularly treat approximately 3,000 medium to high risk diabetic service users. Service users with long term conditions and lower limb pathology are equally a priority for the service with 1080 rheumatoid arthritis service users treated annually. The service users are assessed and provided with an agreed care plan.

Podiatry also provides treatment for those with lower limb pathologies through biomechanical assessment. Treatments may include footwear advice, adaptations, exercise programme and below ankle orthoses for those with MSK, diabetes and rheumatoid needs. There is a clear need to effectively prioritise service users and target the service to those with the greatest need. Commissioners are looking for the provider to demonstrate that they can work in innovative ways to make the best use of available resources and to target interventions to service users with the greatest clinical needs and vulnerabilities.

Many foot conditions can either be prevented or appropriately and safely managed, by service users or their carers. Service users need to be supported to feel confident that they have the necessary skills and knowledge required.

The service also has a role in diagnosing peripheral arterial disease (PAD) using a Doppler and will routinely provide a referral into other services, for example Vascular services, Diabetes Service, MSK Service, Orthopaedic Service, Healthy Lifestyle services, Podiatric surgery, Dermatology Service and Rheumatology Services.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

### 2.2 Local defined outcomes

The following broad outcomes drive the details of service design and delivery required:

- People are more independent and have an increased level of choice and control over their lives
- People have improved mobility and balance with a reduced chance of falls through routine foot health care and biomechanical input
- Service users with long term condition such as diabetes, connective tissue disorder and rheumatoid arthritis will receive foot care according to NICE guidelines
- GPs, other healthcare professionals, service users and carers have improved knowledge and understanding of good foot care in general and the service in particular
- GP's to provide support to patients
- Reduction in admissions to acute settings, by working through enhanced multidisciplinary pathways such as Diabetes and Trauma & Orthopaedics
- Dementia assessment/ screening %, falls and pressure presentation
- Responsive and timely access to the service
- Early detection ensuring prompt treatment and prevention
- Improved targeting of the service to high risk and priority groups
- Prevention of the deterioration of foot problems
- Improved mobility and balance, and therefore a reduced incidence of falls in older people
- Improved independence of vulnerable groups through good foot health
- Service users (and carers where appropriate) report increased confidence in ability to self care

- Reduce the need for secondary care intervention and reduce acute admissions for
- problems related to foot complications
- Changes in patient/ referrer behaviour leading to more appropriate referrals
- Improvement in physical health and quality of life
- Reduced foot related pain
- Improvements to the quality, appropriateness and speed of treatment
- Have in place a source of knowledge and expertise for other healthcare professionals and the general public

### **3. Scope**

#### **3.1 Aims and objectives of service**

##### **Aims**

- Provide a community-based specialist foot care service which includes the diagnosis, treatment and prevention of foot and ankle disorders for children and adults in line with the agreed access criteria and according to their individual need
- Work across a variety of settings, enabling service users to access care closer to home and facilitate attendance at appointments
- Provide a comprehensive range of podiatric treatments and interventions (from nail care to highly specialised treatments and minor surgical procedures) for service users with a clinical need taking into account lower limb pathologies and medical co-morbidities.
- Provide appropriate and up-to-date advice and information on all aspects of effective foot care to service users, carers and professionals and be a source of expertise on foot health issues to other health care professionals, GPs and Consultants
- Effectively target and prioritise those service users with the greatest needs and vulnerabilities, including at-risk groups, offering a rapid response service where necessary
- Contribute to improved care of those with long term conditions ensuring effective multi-disciplinary approaches where appropriate
- Prevent long term mobility issues related to treatable foot problems
- Provide a proactive discharge process ensuring appropriate service users are discharged from the service with appropriate information and support packages, with referrer informed within 10 days of discharge
- Provide a shared care approach ensuring communication and collaboration with relevant clinicians involved in the service user's care
- To be a teaching Department for undergraduate students in Podiatry and offer support from other professions such as nursing and medical staff.

##### **Objectives**

- To deliver an evidence based service within its resource allocation, adhering to NICE guidelines and directives where available and best practice guidelines
- Agreed access criteria will be clearly defined and adhered to by clinicians. These criteria will ensure that the service user with lower limb pathology will be seen at the right time in the right place by the right clinician. Those service users not meeting the criteria will be signposted appropriately to ensure safe discharge.
- Prioritise service users to ensure early detection of foot problems and complications, measurable against NICE guidelines where applicable.
- Provide appropriate treatment to those with long term conditions within a multidisciplinary framework. Use of short courses of treatment, one-stop-shop approaches and curative procedures where appropriate



- Respond quickly and flexibly to changing need and demand
- Provide all service users engaged in the service with a comprehensive assessment and evidence based care plan, including goal setting and expectations of the patient.
- Target, assess and monitor at-risk groups to minimise deterioration, ulceration and hospital admission through audit of referrals to secondary care as per NICE guidelines
- Ensure all service users are appropriately informed about high risk behaviours and work to support behavioural change where necessary
- Ensure clinics are booked effectively to maximum capacity utilisation and implement strategies to reduce DNA rates below the organisation's requirements.
- Ensure effective demand management, including gate keeping, management of waiting lists and waiting times, via an appropriate clinic booking system and the implementation of efficiency measures in all clinics to ensure a smooth journey for service users
- Provide nail surgery and ulcer assessment clinics according to demand and medical need.
- Discharge all service users with no podiatric and medical need and those not assessed as vulnerable, ensuring they are provided with information and packages of support to enable them to effectively self-care
- Ensure that where a service user disagrees with a decision to discharge from the service they may appeal and request a second opinion
- Ensure treatments are continually assessed and evidence based ensuring that clinicians follow best practice and discontinue those treatments that are ineffective, in accordance with NICE guidelines where appropriate
- Effectively and efficiently deliver the service by matching staff skills against service requirements and through the use of trained assistants, specialists and extended scope practitioners
- Ensure Interface / joint work with other appropriate services (including musculoskeletal, orthopaedic, diabetologists, podiatric surgery, vascular services, tissue viability services, orthotists, and secondary care surgical provision) including the provision of multi / interdisciplinary clinics where appropriate
- Deliver ongoing education for service users and carers on foot health and healthy footwear through care planning in accordance with NICE guidelines where appropriate
- Reduce inappropriate referrals by better informing GPs and other healthcare professionals about how to manage foot conditions and when to refer appropriately to the service
- Provide educational support and annual events to ensure new and existing Practice Nurses across Walsall have updated skills in diabetic foot assessment
- Use the results of the Patient Survey and other involvement/feedback/complaints to develop and improve service user experience
- Ensure service users are integral to the design and ongoing development of the service
- Undertake risk assessments annually or as appropriate to new equipment and services, ensuring a safe and secure environment for service delivery
- Contribute to reducing the incidence of ulceration and amputations through advice and by altering footwear and providing pressure relief to feet through shoe orthoses or if commissioned prescription footwear where necessary.
- To effectively mentor and coach undergraduate students in Podiatry.

### 3.2 Service description/care pathway

The service will offer a comprehensive range of specialist and clinical interventions ranging from health education and promotion and the effective screening, triage, assessment, diagnosis and treatment of foot problems focused on the needs of those with high levels of foot health need providing specialised podiatry and extended scope podiatry. This will include specialist care and the assessment and treatment of different lesions of the foot. The provider will use a range of treatments, including nail surgery, sharp debridement, pharmacology, wound management and therapies in conjunction with footwear

advice and the provision of orthoses where appropriate. Effective care involves a partnership between service users and professionals.

In order to meet the individual needs of the people of Walsall the service will be tailored to respond to local variations in need. This may change rapidly and will vary across age groupings. The service provider should be aware of issues of diversity, (e.g. the service should take into account Walsall's cultural diversity). Interpreter services should be used when language is a barrier to accessing treatment.

The service provider will be innovative and strive for continual service improvement covering the following areas:

### **3.2.1 Advice and information**

To support effective podiatric care the provider will ensure that foot health promotion, signposting and self care is an integral part of the service delivered at all levels to support effective self-care and improved control of risk factors. Advice and information must be accurate, up-to-date, consistent and easily accessible. This requires a regular review of knowledge and the appropriate training and supervision of staff, including administration and reception staff.

The provision of advice and information will be a core component of the service. This will include support for tier 2 services e.g. GPs, Practice Nurses, primary care services and nursing and residential homes, in the form of ongoing training programmes, advice and information.

The provider will offer health promotion and signposting when problems arise such as deterioration in health status, support for hospital discharge, pressure prevention, dementia recognition, falls prevention and the reduction of re-admissions to secondary care.

### **3.2.2 Footcare**

As part of the provision of more specialist services, the provider may also deliver toenail cutting and skin care specifically for those of its service users, who for various clinical, medical reasons are unable to safely undertake themselves. The provider will also routinely assess and provide expert information on footwear and help service users to make good choices about appropriate footwear especially to help prevent falls, make treatment plans more effective and prevent the development of new, or the deterioration of existing, foot conditions.

### **3.2.3 General Podiatry**

The provider will offer assessment, diagnosis and treatment of common and more complex lower limb pathologies associated with the toenails, soft tissues and the musculoskeletal system, with the purpose of sustaining or improving foot health for service users with podiatric need and defined non-medical vulnerabilities. This includes:

- Advice, information, education and training
- Appropriate triage, assessment and treatment of those identified with foot health problems
- Vascular assessments including Doppler and ABPI
- Falls prevention campaigns and initiatives to prevent falls particularly in older people
- Foot complaints associated with Diabetes
- Assessment and management of high risk service users
- Specialist wound care clinics for complex foot ulcerations
- Nail surgery under local anaesthetic and post operative care
- Gait assessments
- Specialised or complex biomechanics assessment and treatment
- Orthoses manufacture and supply (excluding basic insoles unless as part of broader

treatment)

- Corticosteroid injections
- Musculoskeletal conditions such as plantar fasciitis, tendonitis and tendonopathy
- Specialist assessment and treatment of those with connective tissue disorders such as
- Rheumatoid arthritis
- Provide specialist podiatry services to children.
- Neurological assessment of service user's feet

### **3.3 Priority Groups:**

- Service users with long term conditions including diabetes, vascular disease, rheumatoid arthritis and neurological conditions such as stroke and Parkinson's Disease where the risk of foot ulceration is medium to high due to loss of PS or vascular insufficiency
- Service users vulnerable to ulceration
- Service users with a past history of ulceration
- Service users who are at risk of or have a history of multiple falls
- Homeless people
- Children
- Service users with a lower limb pathology resulting in foot pain altered gait pattern and abnormal wear

### **3.4 Review of the service**

The specification will be jointly reviewed by the provider and commissioner on an annual basis, with performance management against the KPIs included in the specification reported via performance and when necessary via a contract review meeting (CRM). This service specification should not preclude the provider from innovating and/or developing new ways of working.

### **3.5 Accessibility/acceptability**

The service will be available to Walsall residents registered with a Walsall GP and be open access and based on clearly defined criteria. See above priority groups.  
GPs and other health care professionals will be able to refer into the service.

### **3.6 Whole System Relationships**

The approach to delivery will be based on shared care i.e. communication between all clinicians looking after service users, with the appropriate level of staff carrying out appropriate interventions, and structured around the service user journey.

The service provider will work alongside a number of other services and ensure service users move smoothly through the pathway by facilitating appropriate partnerships (and onward referrals where appropriate) with:

- Service users and carers
- Voluntary sector (e.g. Age Concern)
- General Practitioners
- Practice Nurses
- Social Services
- PCT Commissioners
- Musculoskeletal Interface Service
- Community Physiotherapy teams
- Other provider services e.g. nursing and therapy teams
- Secondary care providers and consultants from a range of specialties, including orthotists and podiatry consultants
- Public Health
- local and national networks
- podiatry leads / management groups, SCP interest Groups, local Universities

### **3.7 Service Model**

The service will be provided by a team of podiatrists and enhanced scope practitioners. After initial assessment service users will either be:

- Offered a one-off treatment then discharged with information and self help advice
- Offered a short course of treatment and then discharged on completion with information and self help advice
- Offered long-term care - for those service users for whom discharge is not possible
- without placing the service user at risk
- Low risk diabetics and medium risk service users with no podiatric need will be discharged back to their GP / Practice Nurse
- All other diabetic service users will be offered annual diabetic screening and treatment at agreed intervals based on their level of risk and clinical need in line with NICE guidelines - this is dictated by the diabetes pathway - NOT clinical need, i.e. a high risk service user with no podiatric need still requires appointments 3 monthly
- Evaluate foot deformity and function

At each review appointment the provider will ensure as a minimum they:

- Update medical health record and medication
- Complete neurological assessment using monofilament and testing vibration
- Inspect service user's feet and deal with any problems
- Complete vascular assessment by palpating the pulses or using a Doppler (at least annually)
- Complete a dementia screening question and in the event this is positive confirm with the patients GP who will be able to complete a 6-CIT assessment

<http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf>

[http://www.cqc.org.uk/sites/default/files/20141009\\_cracks\\_in\\_the\\_pathway\\_final\\_0.pdf](http://www.cqc.org.uk/sites/default/files/20141009_cracks_in_the_pathway_final_0.pdf)

Evaluate and ensure the appropriate provision of:

- Intensified foot care education, Specialist footwear and insoles, Skin and nail care
- Ensure special arrangements for those people with disabilities or immobility
- Offer self care advice and information
- Review the service user's care plan and service user centred goals

All service users will be supported to maintain their own foot health. The service user and referrer/ GP will be informed, in writing, of the outcome of the assessment, treatment plan and any review.

- Service users not requiring podiatry intervention: standard letter / feedback to referrer within 3 working days following triage or initial assessment
- Service users assessed as requiring routine care: standard letter / feedback to referrer within 5 working days
- Service users requiring urgent care will be seen within 3 working days and standard letter/ feedback to referrer within 3 working days
- Discharge letters will be completed within 5 working days
- All service users will be informed of outcomes of their assessment and treatment plan during consultations and review appointments as appropriate
- Service users will be informed of any referral plans or discharges to other services

### **3.8 Quality Standards**

The service should be provided within the key principles of the NHS and will operate according to key standards and NICE guidance.

The provider's premises will meet standards as specified by the Department of Health in its

Building note 46.

### **3.9 Governance**

The provider will ensure that robust clinical governance processes are in place to include:

- Incident reporting
- Infection Prevention and Control
- Significant Event Analysis
- Managing Alerts
- Compliance with national and local standards including NICE and National Service
- Frameworks
- Compliance with locally and nationally agreed audits

The Provider would be expected to have regular audit meetings to discuss cases and peer reviews will be in place where appropriate. The provider will be expected to allow ad hoc external audit of the service.

The provider will ensure that information relating to service users is safeguarded and take account of:

- Service user confidentiality
- Caldicott Guardian
- PCT information sharing protocols
- Consent to treatment and use of information

The provider will work in ways that support national and local programmes and utilises IT in ways that maximise service user care taking account of:

- Connecting for health
- Choose and Book
- Communication and use of E-Mail systems
- Participation in PCT audits and data collection

### **3.10 Infection Control and Operational Specification**

Providers should refer to the Health Protection Agency's Infection control guidelines for community settings [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947417368](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947417368). Providers should be able to demonstrate compliance with the above.

### **3.11 Documentation**

Records must be maintained using an operations register, both for audit purposes and medico-legal reasons. Consent must be obtained, written and documented clearly in the service user's notes. Copies of the consent form, operation note, anaesthetic record, any diagnostic results, copies of all correspondence to the service user and other parties should be included in the service user record. Copies of correspondence should be given to the service user if the service user requests them.

Post operative complications and advice given on post-operative care should be documented clearly in the service user's notes. The provider will ensure that all clinical records are treated confidentially, and kept secure at all times.

The provider will produce monthly reports sufficient to complete the required Key Performance Indicators (KPIs). The organisation will have in place a governance structure which will allow for the monitoring of workforce metrics such as vacancy rate, redundancy,

recruitment, staff turnover, equality and diversity of staff.

### **3.12 Risk Management**

The provider should be able to demonstrate an appropriate system for recording, monitoring and reporting of risk issues and adverse events.

### **3.13 Complaints**

The service will deal with complaints and incidents in line with the PCT's policies and there will be a robust system for handling service user safety notices and alerts.

### **3.14 Discharge Criteria and Planning**

#### **Discharge Criteria**

The service will operate a proactive discharge policy to ensure that there is a flow of service users through the service, that capacity is appropriately utilised and that waiting times are kept to a minimum.

#### **Discharge Planning**

The provider will ensure that, prior to or at the time of discharge, the following actions are taken, noting that service users can discharge themselves at any time.

- The service user and or carer is informed about the reasons for discharge
- The service user receives information, understands and can demonstrate how to self care The service user understands signs and symptoms of complications and what to do
- The service user is clear about how to access the service again
- Information is sent to the service user's GP (discharge summary including any aftercare if required)
- Relevant advice and literature is given to carers/relatives

### **3.15 Prevention, Self-Care and Service User and Carer Information**

The service will provide appropriate, accessible advice and information on prevention, self care and risks in a range of formats. All information should be produced in line with NHS Standards as outlined by [www.nhsidentity.nhs.uk](http://www.nhsidentity.nhs.uk) and should be checked and agreed by the Patient Panel.

### **3.16 Continual Service Improvement/Innovation Plan**

The Provider will be expected to submit monthly data on performance against agreed Key Performance Indicators (KPIs). The KPIs should be received by an agreed date each month, and cover the performance for the month immediately previous. The Provider must communicate with the commissioner regularly including attendance at joint meetings to discuss data definition, performance, service delivery, and any development issues.

The Provider will meet with the nominated Contract Manager to discuss performance of the service on a formal basis to agree on specific contract issues as they arise. Representatives of the commissioners will have access to the provider to undertake reviews of the procedures and systems utilised that are used to monitor service delivery.

### **3.17 Days/Hours of operation**

The operating times should be between 8.30am to 5.00pm Monday to Friday, and clinics will operate for each day of the week. The hours that the service is open for must also be responsive to the needs of service users and therefore ideally there should be provision for

at least one session initially, e.g gait clinic that will be deemed out of hours.

### **3.18 Referral criteria & sources**

Referrals will be from any health care professional for service users with foot health needs who are registered with a Walsall GP and who meet the agreed service criteria (Appendix 1). The provider will triage each referral.

### **3.19 Referral route**

Referral using generic referral form from GP or other health professionals

### **3.17 Population covered**

The service will be delivered in community locations within the geographical boundaries of Walsall in response to service user need. The provider will take particular account of service users who live in isolated communities. The provider may be required to move sites in response to service user need/demand.

### **3.18 Any acceptance and exclusion criteria and thresholds**

#### **3.18.1 Exclusion Criteria**

- Those service users not at risk and not requiring professional podiatry treatment as defined in the service criteria. Service users not registered with a Walsall GP.
- Newly diagnosed diabetics will be screened and discharged back to the GP / Practice Nurse with information and self-help advice where appropriate

#### **3.18.2 Response time & detail and prioritisation**

All patients will be offered an initial assessment appointment within 4 to weeks of routine referral and urgent referrals within 1 to 2 weeks. The majority of service users will be offered the first available surgical appointment, according, this to priority, this should be no later than 4 to 6 weeks following assessment.

The provider will routinely ( i.e. within 2 working days) send discharge information to the patients GP. This should be via letter and include details of the intervention undertaken, reason for discharge and any request for action to be undertaken by the GP.

### **3.19 Interdependence with other services/providers**

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

NICE guidelines for Diabetes (DH, 2004a) standard 10  
National Collaborating Centre for Primary Care (2004)  
National Service Framework for Older People (DH, 2001a)  
Health Professions Council: [www.hpc-uk.org](http://www.hpc-uk.org)  
Podiatry research database [www.feetforlife.org](http://www.feetforlife.org)  
[www.diabetes.org.uk](http://www.diabetes.org.uk)

www.nice.org  
NSF Long Term conditions  
NSF Diabetes  
NHS Executive HSG 99 47: Contracting for Orthotic services  
Standards of Care for patients with MSK Foot Health Problems 2006  
Musculo service framework (DOH) 2006  
NICE clinical guideline 119 - Diabetic foot problems (Inpatient management of diabetic foot problems)  
Northwest Guidelines for diabetes & nail surgery  
Liberating the NHS  
Falls framework  
STOPP the Pressure (Pressure Prevention W&E Midlands)  
NICE Clinical Guidance 79 – Rheumatological patients

#### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

- The Society of Chiropractors and Podiatrists A guide to the benefits of podiatry to patient care (2010)
- Diabetes UK, 2009a
- Transforming community services (DH, 2009)
- Footcare Services for Older People: a resource pack for commissioners and service providers (DH, 2009)
- Our NHS our future (DH, 2007)
- Supporting people with long term conditions: An NHS and social care model to support local innovation and integration (2005)

#### **4.3 Applicable local standards**

##### **Activity Plan /Activity Management Plan**

- To monitor activity monthly
- To monitor DNA rates and action plan any areas for concern
- To collate the number of complaints received
- To collate the number of compliments received

##### **Capacity Review**

The service provider must demonstrate its capacity to deliver services with their planned staff levels including during periods of staff illness and annual leave.

The service provider must demonstrate that its workforce is professionally and competently skilled to undertake the level of work provided. Podiatrists must be HPC Registered with a Local Anaesthetic certificate annotated on the Register.

## **5. Applicable quality requirements and CQUIN goals**

### **5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

#### **Clinical Audit Requirements**

The provider will be required to report on the following KPIs which reflect measures of the aims, objectives and outcomes listed above.

### **5.2 Applicable CQUIN goals (See Schedule 4 Part E)**



## 6. Location of Provider Premises

### The Provider's Premises are located at:

The service will be delivered in premises complying with the minimum standards expected for this service as detailed by the Society of Chiropodists and Podiatrists. The provider will offer a domiciliary service in line with the agreed protocol, as well as in clinic locations and as an outreach service for those service users that fulfil the criteria for a home visit (housebound, under palliative care, as a one off post surgery or hospital admission).

## Quality Requirements

<i>Performance Indicator</i>	<i>Threshold</i>	<i>Method of</i>	<i>Reporting</i>	<i>Consequence</i>
<b>Service Specific Standards</b>				
2.1 Effectiveness of biomechanical assessments and treatments	Baseline required	Audit	Annual Report	Remedial Action Plan
2.2 Number of diabetic service users seen within NICE guidelines time period	95%	Audit	Annual Report	Remedial Action Plan
2.3 Activity report showing number of clinics held, cancelled, out of hours, type (nail, ulcer, regular, etc)	Baseline required	Audit	Annual Report	Remedial Action Plan
2.4 Activity table of treatments broken down by service user demography, ethnicity delivery locations – monthly	To be developed in year	Audit	Annual Report	Remedial Action Plan
2.5 Response time, detail and prioritisation	Baseline required	Audit	Annual Report	Remedial Action Plan

### 156.19 Shunts

We would like to request your Trust figures in terms of numbers of shunts (CSF diversion) which maybe ventricular peritoneal shunt, lumboperitoneal shunt or any other form of CSF division in addition to the number of venous sinus stents performed for the diagnosis of idiopathic intracranial hypertension in 2018

**Answer: 0**

### 157.19

#### Length of stay data

I would like to request the most recent length of stay data, in particular:

- Baseline number of super stranded patients (number of patients in hospital for more than 21 days) per month or for the most recent month

**Answer: Jun 2019 = 83**

- Target number required to be hit, as set by NHSI. NHSI set a target last year, for all trusts to reduce the number of super stranded patients by 25%, and this year this target has gone up to 40%. Data on what your trust target is and if you have hit or missed this target.

**Answer: Figures taken from Nhs England improvement analytics hub – latest figures published relate to Apr19 – Benchmark figure of 104, with an ambition to reduce by 26%, a target of 77 set – Target Missed.**

**158.19****GP out of hours provision**

I wish to know which organisations hold the contract to provide Out of Hours GP services within your region. If the Out of Hours GP Services have not been contracted out, I wish to know whether your Trust uses agency GPs to staff your Out of Hours rotas.

Please provide the following information:

- Name of provider or corporate body holding the contract
- Name and contact details of the contract provider's principal contact or local decision-maker
- Whether the main contractor has sub-contracted all or part of the GP provision

**Answer: The Trust does not provide the Out of Hours service(s) in Walsall. This is done by IMH (Integral Medical Holdings) Limited**

**159.19****Radiography & Ultrasound**

I am hoping that you can help me with a freedom of information request. Please provide me with the below information relating to staffing within the diagnostic radiography/medical imaging/ultrasound department (all modalities including: General X-Ray, CT, MRI, Mammography & Ultrasound)

1. How many permanent staff are employed by the Radiography/Imaging department (Radiographers & Sonographers, not Radiologists)?

**Answer: 62.92 WTE**

2. How many permanent vacancies are currently open/unfilled within the Radiography/Imaging department (Radiographers & Sonographers, not Radiologists)?

**Answer: 17.57 WTE**

3. How many agency staff/locums are currently being used across the Radiography/Imaging department (Radiographers & Sonographers, not Radiologists)?

**Answer: 7.2 WTE**

4. For agency staff/locums, what is the split in numbers between radiographers and sonographers?

**Answer: 6.0 WTE Radiographer, 1.2 WTE Sonographer**

5. How many bank temps are being used across the Radiography/Imaging department?

**Answer: 0**

6. During the 2017-2018 financial year, how much did the Radiography/Imaging department spend on temporary agency staff?

**Answer: £228,265**

7. During the 2018-2019 financial year, how much did the Radiography/Imaging department spend on temporary agency staff?

**Answer: £298,039**

8. During the 2018-2019 financial year, how much did the Radiography/Imaging department spend on temporary bank staff?

**Answer: £229,921**

9. During the 2018-2019 financial year, how much did the Radiography/Imaging department spend on permanent finders/introduction fees through recruitment agencies?

**Answer: £0**

10. Does the Radiography/Imaging department have a dedicated breast screening unit?

**Answer: Yes – This is however operationally run by City and Sandwell staff via an SLA agreement.**

11. Please provide me with the following contact names within the authority:

- a) The name of the senior manager (Radiology Services Manager / Imaging Services Manager) with overall responsibility for the Radiography/Imaging department.

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Delreita Bernard – Director of Operations**

- b) The name of the head of temporary staffing.

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Catherine Griffiths, Human Resources Director**

160.19

**Sterile Services Problems**

The requested information is for years 2012/13-2017/18 on the following questions:

- Is decontamination/sterilization handled in-house or outsourced?

**Answer: In-house**

- What is the total number of trays process on a daily/monthly/yearly basis?

**Answer: Only yearly figures recorded**

**2012-2013 – 40,839**

**2013-2014 – 50,180**

**2014-2015 – 39,656**

**2015-2016 – 39,052**

**2016-2017 – 38,779**

**2017-2018 - 35,427**

- How much does it cost to process and deliver trays?

**Answer: As an in house operation. We do not hold this information.**

- How much time is taken fully process one tray?

**Answer: An average of 3 hours**

- How many times a day are surgical trays collected and processed?

**Answer: We collect and deliver to theatres on average 5 times a day.**

- How many individual instruments are cleaned?

**Answer: All individual instruments processed through HSDU both ward & theatres**

**2012-2013 – 111,072**

**2013-2014 – 139,514**

**2014-2015 – 99,005**

**2015-2016 – 85,485**

**2016-2017 – 70,936**

**2017-2018 – 58,489**

- How many times can an individual instrument be reused?

**Answer: This depends on the instruments. Some instruments can only be reprocessed a certain amount of times and this is tracked by our traceability system. Some instruments don't have a lifecycle so they can be reprocessed until they need to be replaced.**

- What are the different surgical tray dimensions?

**Answer: There are several different sizes DIN. The most common we use are:**

**480 x 250 x 50mm**

**250 x 250 x 50mm**

**480 x 480 x 50mm**

- What is the cost of the surgical equipment?

**Answer: Which equipment do you want costing?**

How much staff is required to process surgical trays?

**Answer: 17.77 WTE**

**161.19**  
**Food**

Please may I make the following freedom of information request.

1 .How many inpatients developed food poisoning ( relating to E.coli, listeria, campylobacter, salmonella or other) during a stay at the hospitals in your trust between the end of May 1018 and the end of May 2019?

**Answer: 0**

I would like to make the following freedom of information requests:

2. How many inpatients developed food poisoning ( relating to E. coli, listeria, campylobacter, salmonella or other) during a stay at the hospitals in your trust between the end of May 2013 and the end of May 2014?

**Answer: Information not held**

3. Are meals prepared on site or off the premises by an outside provider?

**Answer: Meals consist of meals made off site and prepared on site**

4. How many complaints did you receive about hospital food between the end of May 2019 and the end of May 2018?

**Answer: 0**

5. How many complaints did you receive about hospital food between the end of May 2013 and the end of May 2014?

**Answer: Information not held**

**162/19**

**Agency & Bank 2018/19**

Dear Walsall Healthcare NHS Trust

I am writing to make a request under the Freedom of Information Act. Please find attached a request of information regarding your organisations use of agency and bank staff for the financial year 18/19.

Please don't hesitate to contact me if you have any questions

**Answer: Please see attached. Available upon request.**

**163.19**

**Outsourced Tele-Radiology Services**

**Q1** - Did your trust outsource the reporting of diagnostic images to any teleradiology companies within the past 6 months listed in the table below?

**Answer: Yes**

**Q2** - If so, for each company, please provide the name of the teleradiology provider along with the information in the table below (where available).

**Answer:**

OUTSOURCE ACTIVITY FOR ROUTINE REPORTS							
Teleradiology Provider	Modalities Outsourced	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019
	CT	80	0	0	160	158	212
	MRI	132	0	0	221	381	350
	Plain Films	0	0	0	0	0	0
	Total	202	0	0	381	539	562
OUTSOURCE ACTIVITY FOR OUT OF HOUR REPORTS							
Teleradiology Provider	Modalities Outsourced	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019 -
	CT	111	107	85	133	150	151



	<b>MRI</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Plain Films</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Total</b>						

**Q3** – Please break down the amount(s) spent with each supplier over the following periods;

**Answer:**

	<b>Amount paid (£) to Supplier(s) during below periods</b>						
<b>Supplier(s) Name</b>	<b>Oct-2018</b>	<b>Nov-2018</b>	<b>Dec-2019</b>	<b>Jan-2019</b>	<b>Feb-2019</b>	<b>Mar-2019</b>	<b>Apr-2019</b>
<b>4 Ways Healthcare Ltd</b>	<b>£35,261</b>	<b>£26,330</b>	<b>£25,873</b>	<b>£23,427</b>	<b>£21,885</b>	<b>£26,402</b>	<b>£24,639</b>

**164.19**  
**NHS pensions.**

To the trust FOI officer,

I would like to request the following information related to NHS pensions.

Q: Please can the trust outline any specific measures it has taken or is considering taking to mitigate the impact of pension tax charges on senior staff, which are causing some staff to reduce their hours or in some cases retire.

The issues are summarised in this recent report from NHS Employers:

<https://www.nhsemployers.org/case-studies-and-resources/2019/06/research-into-the-impact-of-pensions-tax-in-the-nhs>

**Answer: The Trust has no measure in place in relation to pension tax charges for Doctors**

**165.19**

**Payments we have made that are over £25,000**

Dear Sir/Madam,

I am looking for some assistance with your organisation's Spend/Transparency data, available on the following weblink:

<https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/our-expenditure/>

There appears to be no file available for the month of April 2019 and May 2019. Could you advise when the file will be made available to view online? Would it be possible for you to email me a copy of the April 2019 and May 2019 file?

**Answer: The information is now available on the link above.**

**166.19**

**New Nicotine Alliance UK**

Dear Sir/Madam,

In its [2018 accounts](#) the New Nicotine Alliance UK claimed that it:

Provided information, advice and consultation to a range of government departments and agencies. (including Department of Health, NICE, Public Health England, NHS Trusts

Could you please provide me with a list of meetings, correspondence and internal discussions in relation to the New Nicotine Alliance UK.

**Answer: The Trust has not not been involved in the New Nicotine Alliance UK.**

**Re: Freedom of Information request made on the 12<sup>th</sup> February 2019: UK Paediatric Allergy Services Survey**

**Walsall Healthcare NHS Trust (Our Ref: 311)**

Many thanks for returning our UK Allergy Services Survey Questionnaire, which was sent to you as your trust had identified itself as one that provides a paediatric allergy service.

We have now begun the process of data entry and there were just a couple of questions with responses missing. To facilitate these being provided, please find attached a word version of the Questionnaire, in

which the question that you have not provided responses to are highlighted in yellow. We have added comments in red to help clarify what information is required at specific points.

We hope this will facilitate completing the Questionnaire and providing the requested data that formed the original Freedom of Information request. Please return the word document to use when the yellow sections have been completed.

We are extremely grateful for the time you have generously provided in completing the questionnaire. As a trust which offers services to paediatric allergy patients, I am sure you will appreciate how we very much hope the results of this survey will help to contribute to improving the provision of paediatric allergy services in the UK and that your efforts will have been worthwhile.

**Answer: Available upon request**

**168.19**

**Badger Centre**

We are therefore making a Freedom of Information Request 2000 and require the following information as a matter of urgency:-

1. Please confirm whether there was a specific Paediatric emergency assessment unit in March 2012.

**Answer: Yes**

2. Confirmation of the distance between the Badger Clinic and the Paediatric Assessment Unit/ Paediatric Ward at the time (March 2012);

**Answer: Approx. 330 metres**

3. How long would it have taken to be seen in the Paediatric Assessment Unit/ Paediatric Ward.

**Answer: Patients would have been seen on ward 21. Initially by a nurse within 15 min of arrival.**

4. The rota naming the on-call clinicians paediatricians in A&E / the paediatricians on-call in the paediatric assessment unit or the Paediatric ward (if urgently referred children were seen on the Paediatric unit during March 2012) and details of how the named on call paediatricians may be contacted;

**Answer: Rota's no longer available for 2012. A consultant Paediatrician would have been on-call from home. There would have been Paediatric registrars and SHO's available and working on ward 21 throughout the night. On-call Consultant Paediatrician is contactable via the switchboard.**

5. How long would it have taken for blood results to have become available for review by a doctor if a blood sample had been taken after urgent referral to a paediatrician?

**Answer: This is dependent on the blood sample taken and the test requested.**

6. The SARS team has provided us with full blood counts. However, we have requested details of the normal ranges applied locally at the time the samples were undertaken.

**Answer: Normal ranges are dependent on a range of factors including child's age. However as per normal reporting protocol the normal ranges for the tests taken should be recorded on the results obtained from the SARS team.**

7. The Trust's protocols / policies on the management of feverish illness in children in A&E **and** in paediatrics at the time of the events

**Answer: Please see attached**

8. The Trust's protocols/ policies on the administration of antibiotics in feverish children which would have been in place in March 2012.

**Answer: Please see attached**

9. We should be grateful if you would provide details of the training provided and guidelines issued in respect of these specific NICE guidelines.

**Answer: As above. Please see attached guidelines which are based on NICE guidelines. In addition, training is as per the Royal College of Paediatric and Child Health curriculum accessible at <https://www.rcpch.ac.uk/>**

10. We require the protocols for treatment in A&E in March 2012 relating to children and young persons.

**Answer: Attached. Available upon request.**

11. We require the protocols for Paediatric assessment including all protocols for treatment and referral which would have been followed.

**Answer: Please see attached Children's and Young people's admission policy. Protocols followed would then be specific to child's individual presentation**

12. The A & E and Paediatric Department Guidelines which were in place in 2012 for meningitis and meningococcal disease.

**Answer: Please see attached: Available upon request**